

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000060005

1. Entity Name
JANWAY, INC.



Principal Place of Business
**3719 13TH ST. WEST
LEHIGH ACRES, FL 33971**

Mailing Address
**P.O. BOX 955
LEHIGH ACRES, FL 33970**



03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0928045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOWERSOX, WAYNE
3719 13TH ST. WEST
LEHIGH ACRES, FL 33971**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOWERSOX, WAYNE E
STREET ADDRESS	3719 13TH ST. WEST
CITY - ST - ZIP	LEHIGH ACRES, FL 33971
TITLE	D
NAME	BOWERSOX, JANET
STREET ADDRESS	3719 13TH ST. WEST
CITY - ST - ZIP	LEHIGH ACRES, FL 33971
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/30/05-80004-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne E. Bowersox

SIGNATURE AND TITLE OF REGISTERED AGENT OR AUTHORIZED OFFICER OF CORPORATION

3-28-05 239-644-5837