


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90004 047 ***150.00

DOCUMENT # P99000074019					
1. Entity Name JANNUS BISHOP GROUP, INC.					
Principal Place of Business 3637 - 4TH STREET NORTH, SUITE 230 ST. PETERSBURG, FL 33704			Mailing Address 3637 - 4TH STREET NORTH, SUITE 230 ST. PETERSBURG, FL 33704		
2. Principal Place of Business 220 1ST AVENUE N Suite, Apt. #, etc.			3. Mailing Address 220 1ST AVENUE N Suite, Apt. #, etc.		
City & State SAINT PETERSBURG FL		City & State SAINT PETERSBURG FL		4. FEI Number 59-3599271	
Zip 33701		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WALTER E 1301 - 4TH STREET NORTH ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name: <u>JOHN CLAUDE BODZIAK</u> Street Address (P.O. Box Number is Not Acceptable): 220 1ST AVENUE N City: <u>SAINT PETERSBURG</u> FL Zip Code: <u>33701</u>		
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: <u>[Signature]</u> DATE: <u>01-05-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME AMICO, ANTHONY N STREET ADDRESS 16805 US HWY 19 N CITY-ST-ZIP CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE VP NAME BODZIAK, JOHN CLAUDE STREET ADDRESS 215 NINA ST N.E. CITY-ST-ZIP SAINT PETERSBURG FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CLAUDEBOOZAK, JOH STREET ADDRESS 215 NINA ST AVE CITY-ST-ZIP SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>01-05-05</u> Daytime Phone #: <u>JCB</u>		

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01042005 Chg-P CR2E034 (10/03)