2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # P99000101757 1. Entity Name JANCO SERVICES, INC. Principal Place of Business Mailing Address C/O JAN THOMAS 2000 S.E. COLONY WAY JUPITER FL 34957 C/O JAN THOMAS 2000 S.E. COLONY WAY JUPITER FL 34957 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0965876 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, JAN 2000 S.E. COLONY WAY Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 34957 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, 17 Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD THEF ☐ Delete TITLE Change Addition NAME THOMAS, JAN NAME U000000309088 2000 S.E. COLONY WAY STREET ADDRESS STREET ADDRESS 04/16/05-80023-013 150.00 CITY - ST - ZIP JUPITER FL 34957 CITY-ST-ZIP THE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DATY ST-702 CITY-SI-ZIP mu ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILLE Delete THE Change ☐ Addition NAME STREET ADDRESS STREETADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME CIRCLI ADDRESS JIREET ADDRESS CHY ST-ZIP CITY-ST-ZP DILE Delete TITLE ☐ Change ☐ Addition NAM! NAME STREET ADDRESS SIREFT ADDRESS CHY-ST ZIP

12. I hereby certify that the information supplied with 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 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:

CUTY ST 716

Monas THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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