

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S15316

Entity Name: JANTON INC.

FILED  
Feb 02, 2006  
Secretary of State

## Current Principal Place of Business:

2245 SOUTHWINDS BOULEVARD  
UNIT 204  
VERO BEACH, FL 32963

## New Principal Place of Business:

## Current Mailing Address:

2245 SOUTHWINDS BOULEVARD  
UNIT 204  
VERO BEACH, FL 32963

## New Mailing Address:

FEI Number: 59-3040874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEPANEK, ANTON  
2245 SOUTHWINDS BOULEVARD  
UNIT 204  
VERO BEACH, FL 32963 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JUNEAU, SUSAN J  
Address: 430 DALTON RD.  
City-St-Zip: NEENAH, WI 54956

Title: SD ( ) Delete  
Name: STEPANEK, MARY E  
Address: 555 BRYANT STREET  
City-St-Zip: PALO ALTO, CA 94301

Title: PD ( ) Delete  
Name: STEPANEK, STEVEN H  
Address: 671 ALOHA RD  
City-St-Zip: SALT LAKE CITY, UT 84103

Title: VTD ( ) Delete  
Name: STEPANEK, THOMAS M  
Address: 6507 FIELDSTONE CT  
City-St-Zip: RACINE, WI 53402

Title: D ( ) Delete  
Name: STEPANEK, PAUL G  
Address: 2245 SOUTHWINDS BLVD  
City-St-Zip: VERO BEACH, FL 32963

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. STEPANEK

D

02/02/2006

Electronic Signature of Signing Officer or Director

Date