

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # S15316

1. Entity Name
JANTON INC.



Principal Place of Business
2245 SOUTHWINDS BOULEVARD
UNIT 204
VERO BEACH, FL 32963

Mailing Address
2245 SOUTHWINDS BOULEVARD
UNIT 204
VERO BEACH, FL 32963



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3040874

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000622513
02/13/07-80028-024 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME JUNEAU, SUSAN J
STREET ADDRESS 430 DALTON RD.
CITY-ST-ZIP NEENAH, WI 54956

TITLE SD
NAME STEPANEK, MARY E
STREET ADDRESS 555 BRYANT STREET
CITY-ST-ZIP PALO ALTO, CA 94301

TITLE PD
NAME STEPANEK, STEVEN H
STREET ADDRESS 671 ALOHA RD
CITY-ST-ZIP SALT LAKE CITY, UT 84103

TITLE VTD
NAME STEPANEK, THOMAS M
STREET ADDRESS 6507 FIELDSTONE CT
CITY-ST-ZIP RACINE, WI 53402

TITLE D
NAME STEPANEK, PAUL G
STREET ADDRESS 2245 SOUTHWINDS BLVD
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Thomas M. Stepanek

THOMAS STEPANEK

1-30-07

262-638-9020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #