2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # V59530

1. Entity Name
JAN'S TROPICAL PROPERTIES INC.

Principal Place of Business	Mailing Address
4872 ORANGE AVE N WINTER PARK, FL 32792	4872 ORANGE AVE N WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

05062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3143998

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAIKASK, JAN
4872 ORANGE AVE N
WINTER PARK, FL 32792

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAIKASK, JAN
STREET ADDRESS	4872 ORANGE AVE., NORTH
CITY-ST-ZIP	WINTER PARK, FL
TITLE	T
NAME	LAIKASK, MATT
STREET ADDRESS	4872 ORANGE AVE., NORTH
CITY-ST-ZIP	WINTER PARK, FL
TITLE	S
NAME	LAIKASK, ADAM
STREET ADDRESS	1612 PRINCETON AVE
CITY-ST-ZIP	SALT LAKE CITY, UT 84105
TITLE	C
NAME	LAIKASK, RUSSELL
STREET ADDRESS	701 GLENDALE ST.
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jan Laikask / Jan Laikask 4-28-04 407-671-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #