

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90119 028 ***150.00

DOCUMENT # P41138

1. Entity Name
JANSSEN & SPAANS ENGINEERING, INC.



Principal Place of Business
**9120 HARRISON PARK CT
INDIANAPOLIS, IN 46216**

Mailing Address
**9120 HARRISON PARK CT
INDIANAPOLIS, IN 46216**

DO NOT WRITE IN THIS SPACE

40081-



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1822431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SPAANS, LEO
10617 HUNTERS COVE DRIVE
INDIANAPOLIS, IN 46236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SPAANS, LEO
10617 HUNTERS COVE DRIVE
INDIANAPOLIS, IN 46236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SWIDAN, IBRAHIM
8650 JAFFA COURT W. DR. #32
INDIANAPOLIS, IN 46260**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MAUSER, JOHN
7709 BROADVIEW DR.
INDIANAPOLIS, IN 46227**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KUNTZ, PHILIP
13455 MILLER DR
FISHERS, IN 46038**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BURNS, MARVIN
5824 N. BROADWAY ST
INDIANAPOLIS, IN 46220**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-36