2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000154486

1. Entity Name
JERRY REMSNYDER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1203 CORTEZ, FL 34215	P.O. BOX 1203 CORTEZ, FL 34215

DO NOT WRITE IN THIS SPACE

01162006   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-0492591	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

REMSNYDER, GERALD W
3012 33RDAVE WEST
BRADENTON, FL 34205

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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_____

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	P
NAME	REMSNYDER, GERALD W
STREET ADDRESS	3012 33RD AVE WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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04/12/06-80062-016 150.00

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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: _Gerald W. Remsnyder_ GERALD W. REMSNYDER 3/26/06 (941) 730-3779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   PRESIDENT   Date   Daytime Phone #