2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 01, 2007 08:00 A Secretary of State DOCUMENT # P04000128868 1. Entity Namo CURRY'S CHIMNEY SWEEPING INC. Principal Place of Business Mailing Address 15561 COUNTY ROAD 675 15561 COUNTY ROAD 675 PARRISH FL 34219 PARRISH FL 34219 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apl. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-1611878 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURRY, JEFFREY S 15561 COUNTY ROAD 675 Street Address (P.O. Box Number is Not Acceptable) PARRISH FL 34219 City Zip Code 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 r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE Change Delcie TITLE noilibbA [CURRY, JEFFREY \$ NAME NAME 15561 COUNTY ROAD 675 U00000651981 STREET ADDRESS STREET ADDRESS 03/09/07-80029-019 150.00 PARRISH FL 34219 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP IIILE ☐ Delgle DILE. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CULY-ST-7IP CITY-ST-ZIP IIILE ☐ Detete TITLE Change Addition NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE HILLE NAMI NAM SEREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-SI-ZIP ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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.