

ANNUAL REPORT (AR)

DOCUMENT # P05000075287

1. Entity Name

JENMAR MANUFACTURING AMERICAS INC



Principal Place of Business

727 COMMERCE DRIVE
VENICE FL 34242
US

Mailing Address

727 COMMERCE DRIVE
VENICE FL 34242
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-29040660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHECHT, NEIL S
3630 W. KENNEDY BLVD
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARAZITA, NICK	
STREET ADDRESS	7347 TURNSTONE RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENSEN, GUY	
STREET ADDRESS	6585 BLUE GROSBEAK CR.	
CITY-ST-ZIP	LAKELAND RANCH FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3782 Eagle Hammock	
STREET ADDRESS	Sarasota, FL 34240	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominic Marazita

4/18/06

941-4845120

Date

Daytime Phone #

FILED
May 11, 2006 8:00 am
Secretary of State

04-27-2006 90174 022 ***150.00



1st MOORE

CR2E034 (10/05)

ATTACHMENT

66016052
P05000075287

2493

	4/14/2006	
Original Amt.	Balance Due	Payment
150.00	150.00	150.00
	Check Amount	150.00

150.00



JENMAR MANUFACTURING AMERICAS, INC.

Florida Department of State
Date 4/1/2006 Type Bill Reference 20-2904066

BB&T-5446