


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000040000	
1. Entity Name JEREMIAS CHIMNEY SYSTEMS, INC.	

Principal Place of Business 646 MOURNING DOVE DR. SARASOTA, FL 34236	Mailing Address 646 MOURNING DOVE DR. SARASOTA, FL 34236
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, KENT J 7101 S. TAMiami TrL., STE. A SARASOTA, FL 34231

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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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENGELHARDT, WALTER 646 MOURNING DOVE DR. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENGELHARDT, ANNI 646 MOURNING DOVE DR. SARASOTA, FL 34236
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01/29/05-80023-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Walter Engelhardt Jan 25.05 941 955 0484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #