

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 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



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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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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 _____ (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	D
NAME	ENGELHARDT, WALTER
STREET ADDRESS	646 MOURNING DOVE DR.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	ENGELHARDT, ANNI
STREET ADDRESS	646 MOURNING DOVE DR.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Walter Engelhardt

Date

Daytime Phone #

Apr. 10. 06 941 955 0484