

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90072 021 ***150.00

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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

00001070



02212007 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

DO NOT WRITE
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

Signature, typed or printed name of the registered agent or other filing officer

Signature, typed or printed name of the registered agent or other filing officer

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$650.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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, will or other like empowered

SIGNATURE:

W. Engelhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Engelhardt

Feb. 21. 07

DATE

Typed Name Phone #

941 955 0484