

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90221 031 ***150.00

DOCUMENT # P97000103045

1. Entity Name
JAENSCH INC.



Principal Place of Business
EMMA E. JAENSCH
25210 SW 147TH AVENUE
HOMESTEAD, FL 33032

Mailing Address
EMMA E. JAENSCH
25210 SW 147TH AVENUE
HOMESTEAD, FL 33032

50002894



2. Principal Place of Business
25210 S.W. 147 AVENUE

3. Mailing Address
25210 S.W. 147 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006

Chg-P

CR2E034 (11/05)

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

4. FEI Number
59-3495031

Applied For
Not Applicable

Zip
33032

Country

Zip
33032

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTENS, BERNHARD R
14850 SW 252 STREET
HOMESTEAD, FL 33032

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 *Bernhard R Martens*

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MARTENS, BERNHARD R**
STREET ADDRESS **14850 SW 252 STREET**
CITY-ST-ZIP **HOMESTEAD, FL 33032**

TITLE **ST** ☐ Delete
NAME **HALL, GERDA M**
STREET ADDRESS **25210 SW 147 AVENUE**
CITY-ST-ZIP **HOMESTEAD, FL 33032**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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: *Bernhard R Martens President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-06