


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90001 045 ***150.00

DOCUMENT # S69091 1. Entity Name JEREMY ETHAN INDUSTRIES, INC.					
Principal Place of Business 2621 N.W. 17TH LANE POMPANO BEACH, FL 33064			Mailing Address 2621 N.W. 17TH LANE POMPANO BEACH, FL 33064		
2. Principal Place of Business 809 NW 57th St.		3. Mailing Address 809 NW 57th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL		4. FEI Number 65-0273491	
Zip 33309		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, JERRY 2519 OKEECHOBEE LANE FORT LAUDERDALE, FL 33312			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MORRIS, JERRY 751 LYONS RD., 338205 COCONUT CREEK, FL 33063 Ft. Laud. FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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			3/6/06 954-772-9779 Date Daytime Phone #		