


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # J15981 1. Entity Name BLAINE A. FRITZ, CERTIFIED PUBLIC ACCOUNTANT, P.P.A.	
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Principal Place of Business 7910 THOMLEY TRAIL PENSACOLA, FL 32526 US	Mailing Address 7910 THOMLEY TRAIL PENSACOLA, FL 32526 US
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DO NOT WRITE IN THIS SPACE



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2652193	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 FRITZ, PEGGY A 7910 THOMLEY TRAIL PENSACOLA, FL 32526	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRITZ, BLAINE 7910 THOMLEY TRAIL PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRITZ, SUSAN 7910 THOMLEY TRAIL PENSACOLA, FL 32526
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02/05/08-80056-021 150.00

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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: *Blaine Fritz* Blaine Fritz 1-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #