

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54678

FILED
Apr 26, 2005
Secretary of State

Entity Name: GARY FRITZ CONTRACTING, INC.

Current Principal Place of Business:

1509 CHULI NENE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 4247
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-2757724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRITZ, GARY
1509 CHULI NENE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRITZ, GARY,
Address: 1509 CHULI NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: PEASE-FRITZ, MARTHA J
Address: 1509 CHULI NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: SPIVEY, M. LEE,
Address: 2302 DOMINGO DR
City-St-Zip: TALLAHASSEE, FL

Title: S () Delete
Name: MCCONNELL, TERRANCE,
Address: ARROW TR.
City-St-Zip: HAVANA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MCCONNELL, TERRANCE,
Address: 165 ARROW TR.
City-St-Zip: HAVANA, FL 32333

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY FRITZ

D

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date