


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90043 043 ***150.00

DOCUMENT # 226527 1. Entity Name HITZING REALTY CORPORATION					
Principal Place of Business 5433 BUFFALO AVE JACKSONVILLE, FL 32208 US			Mailing Address P.O BOX 3217 JACKSONVILLE, FL 32206 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0873635	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HITZING, E W 5433 BUFFALO AVE JACKSONVILLE, FL 32208				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 TD <input type="checkbox"/> Delete NAME DAVIS, RAYMOND STREET ADDRESS 5433 BUFFALO AVE CITY-ST-ZIP JACKSONVILLE, FL 00000,			TITLE ASSISTANT SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME HITZING A G STREET ADDRESS 5433 BUFFALO AVE CITY-ST-ZIP JACKSONVILLE, FL 32208		
TITLE CD <input type="checkbox"/> Delete NAME HITZING, E W STREET ADDRESS 5433 BUFFALO AVE CITY-ST-ZIP JACKSONVILLE, FL 32208			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> Delete NAME DAVIS, SHARON R STREET ADDRESS 5433 BUFFALO AVE CITY-ST-ZIP JACKSONVILLE, FL 00000,			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> Delete NAME HITZING, MABLE STREET ADDRESS 5433 BUFFALO AVE CITY-ST-ZIP JACKSONVILLE, FL 0,			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE PD <input type="checkbox"/> Delete NAME HITZING, A.G. STREET ADDRESS 5433 BUFFALO AVE CITY-ST-ZIP JACKSONVILLE, FL 32208			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Sharon R Davis</i></u> SECRETARY <u>2/14/2005</u> 904-353-0962 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					