2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90062 043 ***150.00

DOCUMENT # 226527

1. Entity Name

HITZING REALTY CORPORATION

Principal Place of Business	Mailing Address
5433 BUFFALO AVE JACKSONVILLE FL 32208 US	P.O BOX 3217 JACKSONVILLE FL 32206 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
2918 CR 239 NORTH	PO BOX 328
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: alachua	City & State: FL
Zip: 32616 Country: ALACHUA	Zip: Country:

4. FEI Number 59-0873635 ☐ Applied For ☐ Not Applicable

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
HITZING, E W 5433 BUFFALO AVE JACKSONVILLE FL 32208	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: [signature] Pres & CEO 2-9-6
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	AS HITZING, AG 5433 BUFFALO AVE JACKSONVILLE FL 32208	☐ Delete	AS HITZING AG 2445 HARPER STREET JACKSONVILLE FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HITZING, E W 5433 BUFFALO AVE JACKSONVILLE FL 32208	☐ Delete	CD HITZING E,W, MAILING 2918 CR 239 NOR PO BOX 328 ALACHUA FL 32616	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVIS, SHARON R 5433 BUFFALO AVE JACKSONVILLE FL 32208	☐ Delete	SD SHARON DAVIS 2445 HARPER ST JACKSONVILLE FL 32209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HITZING, MABLE 5433 BUFFALO AVE JACKSONVILLE FL 32208	☐ Delete	VD HITZING MABEL MAIL 2918 CR 239 NOR PO BOX 328 ALACHUA FL 32616	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HITZING, A.G. 5433 BUFFALO AVE JACKSONVILLE FL 32208	☐ Delete	PD HITZING AG 2445 HARPER ST JACKSONVILLE FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 3-9-6 CELL 352-339-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #