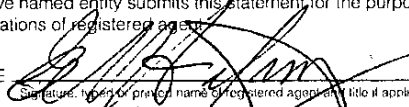


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 5433 BUFFALO AVE JACKSONVILLE FL 32208 US				Mailing Address P.O BOX 3217 JACKSONVILLE FL 32206 US	
2. Principal Place of Business 21918 CR 239 NORTH		3. Mailing Address PO BOX 328		 1st MOORE CR2E034 (10/05)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ALACHUA		City & State FL			
Zip 32616		Country ALACHUA		4. FEI Number 59-0873635	
5. Certificate of Status Desired ☐		\$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 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 		Press & 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HITZING E.W. 21918 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARON DAVIS 2445 HARPER ST JACKSONVILLE FL 32204	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HITZING, MABLE 5433 BUFFALO AVE JACKSONVILLE FL 32208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HITZING MABLE 21918 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HITZING AG 2445 HARPER ST JACKSONVILLE FL 32204	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-6 CELL 352-339-0146
352-339-0146