

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90096 027 ***150.00

DOCUMENT # 506444

1. Entity Name

THE J.F. HARTZ COMPANY, INC.



Principal Place of Business

12280 77TH STREET
FELLSMERE FL 32948

Mailing Address

12280 77TH STREET
FELLSMERE FL 32948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0062069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

SEIBERT, ROBERT
12280 77 ST
FELLSMERE FL 32948

7. Name and Address of New Registered Agent

Name Alan V. Seibert

Street Address (P.O. Box Number is Not Acceptable)

12280 77th Street

City Fellsmere FL

FL

Zip Code 32948

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

Alan V. Seibert P.V.D.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-06

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEIBERT, ROBERT J	
STREET ADDRESS	12280 77TH STREET	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SEIBERT, RITA L	
STREET ADDRESS	12280 77TH STREET	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SEIBERT, ALAN V	
STREET ADDRESS	12280 77TH STREET	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan V. Seibert	
STREET ADDRESS	12280 77th street	
CITY-ST-ZIP	Fellsmere Fla 32948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Alan V. Seibert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/06 772-633-1912

Date

Daytime Phone #