


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 562402</b> 1. Entity Name FIELTZ, INC.	
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Principal Place of Business 1020 E CARROLL ST KISSIMMEE, FL 34744 US	Mailing Address 1020 E CARROLL ST KISSIMMEE, FL 34744 US
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1923222	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  FIELTZ, PAUL R. 1830 LEMON AVE KISSIMMEE, FL 34746	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELTZ PAUL R 1830 LEMON AVE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELTZ NIEFA C 1830 LEMON AVE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON CAROL A 1804 LEMON AVE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIELTZ ALAN L 1826 SAIL DR POINCIANA, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON THOMAS S 1804 LEMON AVENUE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000851540  
03/25/08-80030-006 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Carol A. Jackson Carol A. Jackson 3/5/08 407-935-0010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #