

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 562402

Entity Name: FIELITZ, INC.

FILED  
Mar 28, 2009  
Secretary of State

## Current Principal Place of Business:

1020 E CARROLL ST  
KISSIMMEE, FL 34744 US

## New Principal Place of Business:

## Current Mailing Address:

1020 E CARROLL ST  
KISSIMMEE, FL 34744 US

## New Mailing Address:

FEI Number: 59-1923222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FIELITZ, PAUL R.  
1830 LEMON AVE  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FIELITZ PAUL R,  
Address: 1830 LEMON AVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: PD ( ) Delete  
Name: FIELITZ NIEFA C,  
Address: 1830 LEMON AVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: STD ( ) Delete  
Name: JACKSON CAROL A,  
Address: 1804 LEMON AVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VD ( ) Delete  
Name: FIELITZ ALAN L,  
Address: 1626 SAIL DR  
City-St-Zip: POINCIANA, FL 34759

Title: VD ( ) Delete  
Name: JACKSON THOMAS S,  
Address: 1804 LEMON AVENUE  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A. JACKSON

STD

03/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date