


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F37555</b> 1. Entity Name <b>WITZEL &amp; ASSOCIATES INC.</b>	
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Principal Place of Business <b>3111 UNIVERSITY DR SUITE 700 CORAL SPRINGS, FL 33065 US</b>	Mailing Address <b>3111 UNIVERSITY DRIVE SUITE 700 CORAL SPRINGS, FL 33065 US</b>
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2113671</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WITZEL, ROBERT C  
7459 NW 34 ST  
LAUDERHILL, FL 33319**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, JOANNE M 9451 NW 44TH PLACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITZEL, ROBERT C 7459 N.W. 34TH ST. LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WITZEL, ROBERT C. 7459 NW 34TH STREET LAUDERHILL, FL
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04/28/05-80131-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

  
**ROBERT C. WITZEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/05**  
Date

**954-340-6670**  
Daytime Phone #