

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F62891

1. Entity Name
BLITZ MICRO TURNING, INC.



Principal Place of Business

% HERMAN BLITZ
945 HARBOR LAKE COURT
SAFETY HARBOR, FL 34695

Mailing Address

% HERMAN BLITZ
945 HARBOR LAKE COURT
SAFETY HARBOR, FL 34695



01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2185849

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLITZ, HERMAN
945 HARBOR LAKE COURT
SAFETY HARBOR, FL 34695

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BLITZ, HERMAN
STREET ADDRESS	1851 OAK CR DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	P
NAME	BLITZ, MARK R.
STREET ADDRESS	2965 CIELO CIRCLE SOUTH
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	ST
NAME	BLITZ, URSULA B.
STREET ADDRESS	1851 OAK CR DR
CITY-ST-ZIP	DUNEDIN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000749728
05/18/07-80031-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

MARK BLITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

727-725-5005

Daytime Phone