

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G41118

1. Entity Name
DAVID LUTZ ASSOCIATES, INC.



Principal Place of Business
2712 EASTERN PARKWAY
WINTER PARK, FL 32789

Mailing Address
2712 EASTERN PARKWAY
WINTER PARK, FL 32789

FILED
05 OCT 17 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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09062005 No Chg-P CR2E034 (10/03) 05

4. FEI Number
59-2365869 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUTZ, DAVID J
2712 EASTERN PARKWAY
WINTER PARK, FL 32789

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 LUTZ, DAVID J 2712 EASTERN PARKWAY WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD LUTZ, MARDI F. 2712 EASTERN PARKWAY WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>for 10/1/05</i> |
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10/17/05--01057--022 **150.00

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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: *[Signature]* * 10/10/05 407 629 1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

* Originally mailed
5/17/05

941118
DAVID LUTZ ASSOCIATES, INC.
CERTIFIED BUILDING CONTRACTOR

P.O. BOX 149747
ORLANDO, FLORIDA 32814-9747

407.629.1951
Cell 407.929.3963

10/10/05

I have contacted your office numerous times prior to finding out about the CCC scam to see if you had rec'd my check - it was outstanding over a month and got suspicious. No reply from you until I rec'd the postcard to dissolve the corporation. I called again but could not get through.

Finally the corporate compliance center was honest enough to send my check and form back to me. Enclosed is a copy for your records.

Sorry for the confusion - not paying attention. Thank you. DL