

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24319

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: MICHAEL TITZE COMPANY, INC.

## Current Principal Place of Business:

1906 BUFORD BLVD  
STE A  
TALLAHASSEE, FL 323084443 US

## New Principal Place of Business:

## Current Mailing Address:

1906 BUFORD BLVD  
STE A  
TALLAHASSEE, FL 323084443 US

## New Mailing Address:

FEI Number: 59-2456535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TITZE, MICHAEL  
4016 BOBBIN BROOK  
TALLAHASSEE, FL 32312      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: P ( ) Delete  
Name: TITZE, MICHAEL,  
Address: 4016 BOBBIN BROOK  
City-St-Zip: TALLAHASSEE, FL

Title: VP ( ) Delete  
Name: TITZE, ELIZABETH  
Address: 4016 BOBBIN BROOK  
City-St-Zip: TALLAHASSEE, FL

Title: TS ( ) Delete  
Name: MOORE, ANNE  
Address: 2112 DORAL DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: TITLE, CHRISTOPHER  
Address: 4144 CASTLE GATE DR.  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: TITLE, MITCHELL G  
Address: 3962 FORSYTHE PARK CT.  
City-St-Zip: TALLAHASSEE, FL 32309

## 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: ANNE MOORE

TS

03/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date