

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # H31856	
1. Entity Name JAMES M. KRANTZ CONSTRUCTION CORPORATION	

Principal Place of Business 6418 MILNER BLVD. SUITE B ORLANDO, FL 32809	Mailing Address PO BOX 8001 ORLANDO, FL 32856-8001
---	--

DO NOT WRITE IN THIS SPACE



05122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2502786	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KRANTZ, JAMES M.
1400 APPLETON AVE.
ORLANDO, FL 32806**

**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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRANTZ, JAMES M. 1400 APPLETON AVE. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRANTZ, ROLAND J 4505 S. FERNCREEK ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000160402
05/14/04-80001-016 158.75

**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: James M. Krantz **PRESIDENT** JAMES M. KRANTZ 5/12/04 407 957-8669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #