

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J11241**

1. Entity Name  
T.B. GIETZ CONSTRUCTION, INC.



Principal Place of Business  
8902 ESTATE DR.  
WEST PALM BEACH, FL 33411 US

Mailing Address  
8902 ESTATE DR.  
WEST PALM BEACH, FL 33411 US

000000449010  
03/09/06-80038-006 150.00



**DO NOT WRITE IN THIS SPACE**

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2674944

Applied For  
Not Applicable

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

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

GIETZ, TIM  
8902 ESTATE DR.  
WEST PALM BEACH, FL 33411

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE VDS  
NAME GIETZ, PATRICIA  
STREET ADDRESS 8902 ESTATE DR.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE PD  
NAME GIETZ, TIMOTHY  
STREET ADDRESS 8902 ESTATE DR.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE T  
NAME DOMBECKI, MICHAEL  
STREET ADDRESS 103 CHATHAM COURT  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Patricia Gietz* PATRICIA GIETZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/06 (561) 792-6546  
Date Daytime Phone