

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # J27906

1. Entity Name
JOHN FITZGERALD, INC.



Principal Place of Business

**JOHN FITZGERALD INC.
P.O. BOX 655
SANFORD, FL 32772 US**

Mailing Address

**JOHN FITZGERALD INC.
P.O. BOX 655
SANFORD, FL 32772 US**



03312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2702353

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FITZGERALD, JOHN
2417 YALE AVENUE
SANFORD, FL 32771**

**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 PD
NAME FITZGERALD, JOHN
STREET ADDRESS 611 FAULKNER RD.- PO BOX 655
CITY-ST-ZIP ORLANDO, FL 32773

TITLE V
NAME GARDNER, MICHAEL
STREET ADDRESS 7767 COMPASS DR.- PO BOX 655
CITY-ST-ZIP ORLANDO, FL 32773

TITLE T
NAME GARDNER, JULIE
STREET ADDRESS 7767 COMPASS DR.-PO BOX 655
CITY-ST-ZIP ORLANDO, FL 32773

TITLE VP
NAME CASTLE, ROBERT
STREET ADDRESS 2811 FAULKNER RD.-PO BOX 655
CITY-ST-ZIP ORLANDO, FL 32773

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/20/07-80023-020 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #