

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 28, 2008 08:00 AM
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



03202008 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, 2008 Fee will be \$550.00**

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	PD FITZGERALD, JOHN 611 FAULKNER RD.- PO BOX 655 ORLANDO, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, MICHAEL 7767 COMPASS DR.- PO BOX 655 ORLANDO, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARDNER, JULIE 7767 COMPASS DR.-PO BOX 655 ORLANDO, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTLE, ROBERT 2611 FAULKNER RD.-PO BOX 655 ORLANDO, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-08

Date

407 323-8822

Daytime Phone #