


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J65472	
1. Entity Name WITZEL & SON INC.	

Principal Place of Business 3350 FELL RD W MELBOURNE, FL 32904	Mailing Address 3350 FELL RD W MELBOURNE, FL 32904
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04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2791675	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WITZEL, TERI LYNN 3350 FELL RD W MELBOURNE, FL 32904

**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 NAME STREET ADDRESS CITY-ST-ZIP	VP WITZEL, RAYMOND H. 1369 WILDWOOD WAY ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITZEL, RAYMOND J. 3350 FELL RD W MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITZEL, RYAN JON 3350 FELL ROAD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITZEL, TERI LYNN 3350 FELL RD W MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80111-005 158.75

**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

4/17/06 (321) 724-8161
Date Daytime Phone #