


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # J70222	
1. Entity Name GARY HIRTZ CONSTRUCTION, INC.	

Principal Place of Business	Mailing Address
% DAVID A. DUNKIN 170 W. DEARBORN ENGLEWOOD, FL 34223	% DAVID A. DUNKIN 170 W. DEARBORN ENGLEWOOD, FL 34223



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2832920	Approved For Not Approved
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
DUNKIN, DAVID A. 170 W. DEARBORN ENGLEWOOD, FL 34223

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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, hand or printed name of registered agent and the filer (check one):	(NOTE: Registered Agent signature required for this filing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000225134 02/11/05-80028-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP HIRTZ, GARY T. 45 GREEN DOLPHIN DR CAPE HAZE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D HIRTZ, LYNNE M. 45 GREEN DOLPHIN DR CAPE HAZE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	7-9-05
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE