


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # K20707 1. Entity Name H. & B. HINTZ, INC.	
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Principal Place of Business % HELEN HINTZ 7061 S.W. 16TH ST PLANTATION, FL 33317	Mailing Address % HELEN HINTZ 7061 S.W. 16TH ST PLANTATION, FL 33317
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06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0015439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINTZ, HELEN
 7061 S.W. 16TH ST
 PLANTATION, FL 33317

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.

1100000371628
 07/08/05-80014-001 150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINTZ, HELEN 7061 S.W. 16TH ST PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINTZ, BRAD 7061 S.W. 16TH ST PLANTATION, FL
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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 exemption stated in Section 119.07(3)(i), 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: Helen Hintz Helen Hintz 7-2-05 954-475-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #