2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K74822

1. Entity Name
JENNIE KREITZ ASSOCIATES, INC.

Principal Place of Business	Mailing Address
441 S STATE ROAD 7	441 S STATE RD 7
#15	#15
MARGATE, FL 33068 US	MARGATE, FL 33068 US

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0107128	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JENNIE KREITZ EDEL
301 S.E. 5 TERR
POMPANO BEACH, FL 33060

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KREITZ, JENNIE
STREET ADDRESS	301 SE 5TH TERR
CITY-ST-ZIP	POMPANO BCH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000177212
01/11/05-80028-008 150.00

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: _____   1-6-05   954.984.1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #