

attachment 1 of 2

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 OCT 15 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09172008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0187947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FELDMAN, MICHAEL J. P.A.~~
2424 N. FEDERAL HWY
SUITE 200
BOCA RATON, FL 33431

Name Steven H. Weitz, CPA

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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)

10/8/08
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS STETZ, JOHN JR
CITY-ST-ZIP 240 NW 7 ST.
BOCA RATON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800136932648
CITY-ST-ZIP 10/15/08--01006--004 **150.00

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

10/9/08
Date

Daytime Phone #

KS

20f2

John Stetz Jr
240 NW 7th St
Boca Raton, FL
33432

1-800-229-8273
9/5/08

To Division of Corporations

I'm sorry that I let my non payment for my corporation fee. My mother has entered Hospice and have since brought her back home. My mother, Ethel Stetz, nearly died while she was in Hospice by the sea here in Boca Raton. I've since brought her home where she is improving. And I've since been laid-off.

I'm enclosing a check for \$150.00.
If I owe more please contact me.
P.S. My mother is 94 and can't walk.

Sincerely,

John Stetz Jr

