**2004 FOR PROFIT CORPORATION** 

## **FILED ANNUAL REPORT** Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # L97998 1. Entity Name WURTZ ENTERPRISES, INC. Principal Place of Business Mailing Address 450 NE 55 ST P. O. BOX 1541 OCALA, FL 34479 US SILVER SPRINGS, FL 34489 US 01282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE) Number 59-2944905 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WURTZ, ROBERT DO NOT WRITE 450 NE 55TH ST OCALA, FL 34479 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

SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstalling)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			<u>·</u>	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					<u></u>
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DPT WURTZ, ROBERT 450 NE 55 ST OCALA, FL 34479				U00000033146 02/05/04-80033-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WURTZ, JEANE 450 NE 55 ST OCALA, FL 34479				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 reports 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 employeded to execute this report as equired 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 employered.

SIGNATURE:

the obligations of registered agent.

Applied For

Not Applicable