2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N50084

1. Entity Name
THE KOCKRITZ RIFLES, INC.

Principal Place of Business	Mailing Address
7408 TEXAS TRAIL BOCA RATON, FL 33487	7408 TEXAS TRAIL BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0360239

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRANMER, R. BRUCE
1401 UNIVERSITY DRIVE
SUITE 302
CORAL SPRINGS, FL 33071

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

U00000656236
03/14/07-80017-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZAREFSKY, MEL
STREET ADDRESS	7481 NW 23RD ST
CITY-ST-ZIP	SUNRISE, FL
TITLE	P
NAME	HELWIG, MARK
STREET ADDRESS	13780 DUNSTER CT
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	TD
NAME	ENIK, ROBERT E.
STREET ADDRESS	7408 TEXAS TR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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] 3/1/07 561-441-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #