



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000012554 1. Entity Name LUNTZ & LUNTZ, P.A.			
Principal Place of Business 10 FAIRWAY DR., STE. 116 DEERFIELD BEACH, FL 33441		Mailing Address 10 FAIRWAY DR., STE. 116 DEERFIELD BEACH, FL 33441	
DO NOT WRITE IN THIS SPACE			
		03052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0977596	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			
LUNTZ, BEVERLY ESQ. 10 FAIRWAY DR., STE. 116 DEERFIELD BEACH, FL 33441		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST LUNTZ, BEVERLY 3934 NW 57TH STREET BOCA RATON, FL 33496		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUNTZ, MELVYN 3934 NW 57TH STREET BOCA RATON, FL 33496		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		Beverley Luntz	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
			954-596-2527