

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000015781

1. Entity Name
KONITZER CLAIMS SERVICE, INC.



Principal Place of Business
**10957 EL TORO DR
RIVERVIEW, FL 33569**

Mailing Address
**10957 EL TORO DR
RIVERVIEW, FL 33569**

DO NOT WRITE IN THIS SPACE

010052004 No Cling-P CR2EB34 (10/03)

4. FEI Number
59-3626968

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**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: type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PTD
NAME
KONITZER, EUGENE A
STREET ADDRESS
10957 EL TORO DR
CITY-ST-ZIP
RIVERVIEW, FL 33569

TITLE
SVD
NAME
KONITZER, PHYLLIS E
STREET ADDRESS
10957 EL TORO DR
CITY-ST-ZIP
RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000102512
04/05/04-80018-012 150.00

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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

Phyllis E. Konitzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYLLIS E. KONITZER

4-1-04 (813) 671-0142
Date Daytime Phone #