

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000020795

1. Entity Name

BURTZ POOL RENOVATIONS, INC.



Principal Place of Business

HOME
CAPE CORAL FL 33914

Mailing Address

1125 W. CAPE CORAL PKWY
CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURTZ, DANIEL
1125 W. CAPE CORAL PKWY
CAPE CORAL FL 33914

Name

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 consulting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PSTD ☐ Delete
NAME BURTZ, DANIEL
STREET ADDRESS 1125 W. CAPE CORAL PKWY
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000566893
CITY-ST-ZIP 06/07/06-80003-002 550.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Daniel S. Burtz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/06 239-542-8746

Daytime Phone #

FILED
Jun 07, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0987687
Applied For
Not Applicable

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