

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000036464 1. Entity Name BRETZ UNLIMITED, INC.	
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Principal Place of Business 27945 LAKE JEM ROAD MT. DORA, FL 32757	Mailing Address 27945 LAKE JEM ROAD MT. DORA, FL 32757
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DO NOT WRITE IN THIS SPACE

	
01142004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3643389	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRETZ, ALAN L 27945 LAKE JEM ROAD MT. DORA, FL 32757
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**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.

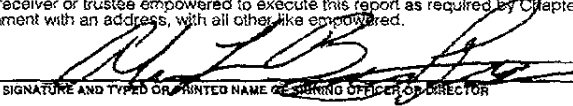
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	U000000085156 03/11/04-B0036-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRETZ, ALAN L 27945 LAKE JEM ROAD MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRETZ, MARIAN C 27945 LAKE JEM ROAD MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BRETZ, CODY A 27945 LAKE JEM ROAD MT. DORA, FL 32757
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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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)(f), 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:  **3/8/04 3527357491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____