

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000055381

1. Entity Name  
MICHAEL R. FITZMAURICE, INC.



Principal Place of Business  
210 BRANT RD.  
LAKE PARK, FL 33403

Mailing Address  
210 BRANT RD.  
LAKE PARK, FL 33403



02202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1003598

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FITZMAURICE, MICHAEL R  
210 BRANT RD.  
LAKE PARK, FL 33403

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-filing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME FITZMAURICE, MICHAEL R  
STREET ADDRESS 210 BRANT RD.  
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE V  
NAME FITZMAURICE, WILLIAM R  
STREET ADDRESS 210 BRANT RD.  
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE S  
NAME RAMBACK, ROBIN  
STREET ADDRESS 210 BRANT RD.  
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE T  
NAME RAMBO, SHARI  
STREET ADDRESS 210 BRANT RD.  
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000668067  
03/27/07-80015-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 signatures.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/07