


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000003914 1. Entity Name KOLZE ENTERPRISES, INC. |  |
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| Principal Place of Business 7212 - 41ST AVE. E. BRADENTON, FL 34208 | Mailing Address 7212 - 41ST AVE. E. BRADENTON, FL 34208 |
|---|---|



01102004 No Chg-P CR2E034 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 65-1072199 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KOLZE, SUSAN M 7212 - 41ST AVE. E. BRADENTON, FL 34208 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (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

000000131354
04/26/04-80150-022 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOLZE, SUSAN M 7212 - 41ST AVE. E. BRADENTON, FL 34208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOLZE, RALPH M III 7212 - 41ST AVE. E. BRADENTON, FL 34208 |
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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: Susan M. Kolze SUSAN M. KOLZE 4-23-04 941-747-1791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #