

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90090 021 ***150.00

DOCUMENT # P01000007481 1. Entity Name GERHARTZ ENTERPRISES, INC.					
Principal Place of Business 1843 SOUTH FEDERAL HWY. STUART, FL 34994			Mailing Address 1843 SOUTH FEDERAL HWY. STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1074621	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GERHARTZ, CHARLES 1034 S.W. 29TH ST. PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERHARTZ, STEPHANIE 1843 S.E. FEDERAL HWY STUART, FL 34994	<div style="font-size: 1.2em; font-family: cursive;"> I tried for 3 days to do this on line. By the deadline. Problem w/ site. Please adjust late Fee. Thanks </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERHARTZ, CHARLES 1843 S.E. FEDERAL HWY STUART, FL 34994				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGLE, SHERRY 1843 S.E. FEDERAL HWY STUART, FL 34994				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
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 empowered.			SIGNATURE: <u><i>Stephanie Gerhartz</i></u> <u>5/1/07</u> <u>772-201-1684</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		