


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-05-2007 90146 007 ***150.00

DOCUMENT # P01000079802 1. Entity Name KRANTZ ESTATES, INC.	
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Principal Place of Business 2241-C ANCHORAGE LN. NAPLES, FL 34104	Mailing Address 2241-C ANCHORAGE LN. NAPLES, FL 34104
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3743465	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate or Status Desired ☐ **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RANKINS, DOUGLAS L ESQ
2335 TAMiami TRAIL N., STE. 308
NAPLES, FL 34103**

**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]* *[Signature]*
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S KRANTZ, HAROLD E 2241-C ANCHORAGE LN. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP KRANTZ, GWEN MARIE 2241-C ANCHORAGE LN. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRANTZ, MARK 2241-C ANCHORAGE LN. NAPLES, FL 34104
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 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: *Harold E Krantz* *Harold E Krantz* *4-17-06* *239-643-5676*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____