-2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

DOCUMENT # P01000104634 1. Entily Name STEVE JOHN FRITZSON, INC.		
Principal Place of Business _ 858 REBUS AVE PALM BAY, FL 32908	Mailing Address 858 REBUS AVE PALM BAY, FL 32908	VE

No Chg-P CR2E034 (10/03) 02072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3752282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRITZSON, STEVE J DO NOT WRITE 858 REBUS AVE PALM BAY, FL 32908 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) TIDOODD3325383 04/27/05-80164-014 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FRITZSON, STEVE J NAME 858 REBUS AVE STREET ADDRESS PALM BAY, FL 32908 CITY - ST- ZIP TITLE NAME IDZIAK, ROBERT M 115 CORAL WAY E, APT. B STREET ADDRESS INDIALANTIC, FL 32903 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

E OF SIGNING OFFICER OR DIRECTOR