

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90310 009 \*\*\*150.00

**DOCUMENT # P02000052560**

1. Entity Name

W. HITZEL ENTERPRISES, INC.



Principal Place of Business

835 HARBOR INN DRIVE  
CORAL SPRINGS FL 33071

Mailing Address

2190 NW 70 AVE  
MARGATE FL 33063



2. Principal Place of Business

2190 NW 70 AVE, MARGATE

Suite, Apt. #, etc.

3. Mailing Address

2190 NW 70 AVE,

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MARGATE, FLA.

City & State

MARGATE, FLA.

4. FEI Number

01-0695472

Applied For

Not Applicable

Zip

33063

Country

U.S.A.

Zip

33063

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HITZEL, WILLIAM  
835 HARBOR INN DRIVE  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

WILLIAM HITZEL

Street Address (P.O. Box Number is Not Acceptable)

2190 NW 70 AVE.

City

MARGATE

FL

Zip Code

33063

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

*William Hitzel*

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

(NOTE: Registered Agent signature required when reinstating)

3/31/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HITZEL, WILLIAM  
STREET ADDRESS 2190 NW 70 AVE  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*William Hitzel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

Date

(954) 695-8102

Daytime Phone #