

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90192 050 ***150.00

DOCUMENT # P03000031645 1. Entity Name KOLZE'S IN THE SPIRIT(S), INC.					
Principal Place of Business 1070 WHITEFIELD AVE. SARASOTA, FL 34243			Mailing Address 1070 WHITEFIELD AVE. SARASOTA, FL 34243		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 06-1684895				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOLZE, SUSAN M 7212-41ST AVENUE EAST BRADENTON, FL 34208			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 of Director or President of Corporation or Agent for Service of Process					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KOLZE, SUSAN M		NAME		
STREET ADDRESS	7212-41ST AVENUE EAST		STREET ADDRESS		
CITY, ST, ZIP	BRADENTON, FL 34208		CITY, ST, ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KOLZE, RALPH M III		NAME		
STREET ADDRESS	7212-41ST AVENUE EAST		STREET ADDRESS		
CITY, ST, ZIP	BRADENTON, FL 34208		CITY, ST, ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
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 a power of attorney.					
SIGNATURE: <u>Susan M Kolze</u> Director <u>4-25-06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					