

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000031645**

1. Entity Name  
**KOLZE'S IN THE SPIRIT(S), INC.**



Principal Place of Business

**1070 WHITFIELD AVE.  
SARASOTA, FL 34243**

Mailing Address

**1070 WHITEFIELD AVE.  
SARASOTA, FL 34243**



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**06-1684895**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KOLZE, SUSAN M  
7212-41ST AVENUE EAST  
BRADENTON, FL 34208**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000941615  
05/28/08-80114-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOLZE, SUSAN M
STREET ADDRESS	7212-41ST AVENUE EAST
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	D
NAME	KOLZE, RALPH M III
STREET ADDRESS	7212-41ST AVENUE EAST
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Susan M Kolze*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN M KOLZE**

**4-28-08 (971)753-0011**

Date

Daytime Phone #