


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000064801 1. Entity Name JW FRITZ PARTNERS, INC.	
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Principal Place of Business 26100 S W 112TH AVE HOMESTEAD, FL 33032	Mailing Address 26100 S W 112TH AVE HOMESTEAD, FL 33032
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2673464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW, LESTER B
C/O GRANT FRIDKIN PEARSON ATHAN & CROWN
551 RIDGEWOOD DRIVE STE 501
NAPLES, FL 34108

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

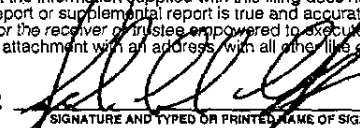
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRITZ, JOHN C 10950 SW 27 ST. FORT LAUDERDALE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRITZ, JEFFREY E 8343 NW 145 TERRACE. MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FRITZ, JACK S 7945 SW 168 ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRITZ, JOYCE W 7945 SW 168 ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRITZ, JAMES L 6527 S I-25 CASTLE ROCK, CO 80109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOYD, JENNIFER 9729 N GRAND DUKE CIRCLE FORT LAUDERDALE, FL 33321

U000000241218
02/24/05-80034-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered.

SIGNATURE:  JOHN C. FRITZ 2/24/05 305-258-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #