

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000064801

1. Entity Name
JW FRITZ PARTNERS, INC.



Principal Place of Business
26100 SW 112TH AVE
HOMESTEAD, FL 33032

Mailing Address
26100 SW 112TH AVE
HOMESTEAD, FL 33032



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2673464

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FRITZ, JOHN C
STREET ADDRESS 10950 SW 27 ST.
CITY-STATE-ZIP FORT LAUDERDALE, FL 33328

TITLE V
NAME FRITZ, JEFFREY E
STREET ADDRESS 8343 NW 145 TERRACE.
CITY-STATE-ZIP MIAMI LAKES, FL 33016

TITLE S
NAME FRITZ, JACK S
STREET ADDRESS 7945 SW 168 ST.
CITY-STATE-ZIP MIAMI, FL 33157

TITLE D
NAME FRITZ, JOYCE W
STREET ADDRESS 7945 SW 168 ST.
CITY-STATE-ZIP MIAMI, FL 33157

TITLE D
NAME FRITZ, JAMES L
STREET ADDRESS 6527 S I-25
CITY-STATE-ZIP CASTLE ROCK, CO 80109

TITLE D
NAME FLOYD, JENNIFER
STREET ADDRESS 9729 N GRAND DUKE CIRCLE
CITY-STATE-ZIP FORT LAUDERDALE, FL 33321

U00000596664
01/24/07-80005-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07 305-258-3411
Date Daytime Phone #