

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000064801**

1. Entity Name  
JW FRITZ PARTNERS, INC.



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

Mailing Address  
26100 S W 112TH AVE  
HOMESTEAD, FL 33032



01092008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**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

U00000788290  
01/18/08-80035-012 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN CALVIN FRITZ

Jan 15, 2008 305-258-3411