

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

07-22-2005 90021 015 \*\*\*150.00  
D03000082956

FILED

05-SEP 23 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50057090



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0141555

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

CARLSON, MARY ANN  
2955 HARTLEY RD  
STE 204  
JACKSONVILLE, FL 32257

**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, 2005 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  
DST  
HERTZER, JOSEPH  
10926 WEYMOUTH CIRCLE N.  
JACKSONVILLE, FL 32248

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
HERTZER, VICTORIA G  
10926 WEYMOUTH CIRCLE N  
JACKSONVILLE, FL 32248

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

700060212847  
10/04/05--01046--019 \*\*400.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J.R. HERTZER* J. R. HERTZER

01/02/05

904-254-6711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #