## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## ON

## FILED Mar 08, 2004 8:00 am Secretary of State

DOCUMENT # P03000129306  1. Entity Name TONY KURTZ CO.						03-08-2004	90045 04	45 ***150	0.00
Principal Place of Business Mailing		Mailing Address	Mailing Address						
280 PARKLAND AVE		280 PARKLAND AVE							
SARASOTA, FL 34232 SARASOTA, FL 34232		SARASOTA, FL 34232							•
O Maille Address									
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032004	Chg-P	CR2E03	34 (10/03)		
· City & State		City & State			4. FEI Numb	"20·031"	1145		plied For t Applicable
Zip		-Zip	- Country			of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KURTZ. ANTHONY LYNN			Nam	Name					
280 PARKLAND AVE			Stree	Street Address (P.O. Box Number is Not Acceptable)					
SARASOT	A, FL 34232								
<u> </u>			City				FL	Zip Code	3'
The above named entity submits this statement for the purpose of changing its registerer.			registered offic	e or register	ed agent, or bo	th, in the State of Flo		amiliar 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									
		D. Floring Commission		<b>A</b> F	00 -				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				Add	.00 May Be ed to Fees				
10.			11.		ADDITIONS	CHANGES TO OFF	ICERS AND		
TITLE NAME	D KURTZ, ANTHONY LYNN	☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	280 PARKLAND AVE		STREET ADDRE	ESS					ļ
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP						D talabian
TITLE NAME	,	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS			STREET ADDRE	SS					
CITY-ST-ZIP		Delete	CITY-ST-ZIP					- Change	"To 'Addition
NAME		- Delete	NAME					change	□ Addition
STREET ADDRESS			STREET ADDRE	ESS					
CITY-ST-ZIP			CITY-ST-ZIP						
NAME _	•	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRE	SS					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS	•		STREET ADDRE	ESS					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRE	ESS					
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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									

03.03.04