2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000129950

1. Entity Name
MICHAEL H. HINTZ, P.A.

Principal Place of Business	Mailing Address
26500 BARRANQUILLA AVE PUNTA GORDA, FL 33983	26500 BARRANQUILLA AVE PUNTA GORDA, FL 33983

DO NOT WRITE IN THIS SPACE

04292007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0263170	Not Applicable

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

6. Name and Address of Current Registered Agent

HINTZ, MICHAEL H
26500 BARRANQUILLA AVE
PUNTA GORDA, FL 33983

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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_____

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   **$5.00** May Be
Trust Fund Contribution.   ☐   Added to Fees

U00000754326
05/22/07-80056-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HINTZ, MICHAEL H
STREET ADDRESS	26500 BARRANQUILLA AVE
CITY-ST-ZIP	PUNTA GORDA, FL 33983

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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:_____   9/30/07   941793601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #