

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000136285

1. Entity Name

FRITZ APPLIANCE SERVICE, INC.



Principal Place of Business

1203 LAKE VALRICO LANE
VALRICO, FL 33594

Mailing Address

1203 LAKE VALRICO LANE
VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HELMCAMP, FREDERICK E III
1203 LAKE VALRICO LANE
VALRICO, FL 33594



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3110251	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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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 restating)

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 HELMCAMP, FRED E III
STREET ADDRESS 1203 LAKE VALRICO LANE
CITY-ST-ZIP VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Frederick E. Helmcamp* **2/27/07** **813-714-9988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #