

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140299

Entity Name: FRITZ GIVENS, INC.

FILED  
Jan 03, 2008  
Secretary of State

**Current Principal Place of Business:**

570 HERITAGE LAKE AVENUE  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

570 HERITAGE LAKE AVENUE  
PENSACOLA, FL 32506

**New Mailing Address:**

FEI Number: 20-0520241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORHEAD, STEPHEN R  
4300 BAYOU BOULEVARD  
SUITE 13  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GIVENS, WILLIAM H  
Address: 570 HERITAGE LAKE AVENUE  
City-St-Zip: PENSACOLA, FL 32506

Title: V ( ) Delete  
Name: BLUM, FRED M  
Address: 5331 PLATEAU ROAD  
City-St-Zip: PENSACOLA, FL 32507

Title: ST ( ) Delete  
Name: GIVENS, WILLIAM H  
Address: 570 HERITAGE LAKE AVENUE  
City-St-Zip: PENSACOLA, FL 32506

Title: V ( ) Delete  
Name: BLUM, CARL  
Address: 9455 SOUTH LOOP RD  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. GIVENS

PD

01/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date