

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140299

FILED
Jan 22, 2009
Secretary of State

Entity Name: FRITZ GIVENS, INC.

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

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date