

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90480 038 \*\*\*150.00

**DOCUMENT # P03000147199**  
 1. Entity Name  
**TONY FRITZ BACKHOE SERVICE, INC.**



Principal Place of Business      Mailing Address  
**2858 NORTHSIDE DR**      **PO BOX 5526**  
**LANTANA, FL 33462**      **LAKE WORTH, FL 33466**

**60045763**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01222007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**05-0592611**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

**7. Name and Address of New Registered Agent**  
 Name **ANTHONY FRITZ III**  
 Street Address (P.O. Box Number is Not Acceptable) **2858 NORTHSIDE DRIVE**  
 City **LANTANA**      **FL**      Zip Code **33462**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PSD	<input type="checkbox"/> Delete
NAME	FRITZ, ANTHONY III	
STREET ADDRESS	2858 NORTHSIDE DR	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FRITZ, CATHY	
STREET ADDRESS	2858 NORTHSIDE DR	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

**SIGNATURE:** Tony Fritz III      4-27-07      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #