

~~2008~~ **FOR PROFIT CORPORATION**
2009 ANNUAL REPORT (AR)

FILED

2009 JUN -11 P 2:27

SECRETARY OF STATE
 TALLAHASSEE, FL



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



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

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

City & State

Zip Country

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

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
**FRITZ, ANTHONY III
 2858 NORTHSIDE DRIVE
 BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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]* DATE: **4-28-09**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

NOTE: Registered agent can not register when filing this report.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

500156795385
06/04/09--01037--018 **150.00

[Signature]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **TONY FRITZ III** **4-28-09** **561-294-6835**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR