

2006 FOR PROFIT CORPORATION ANNUAL REPORT


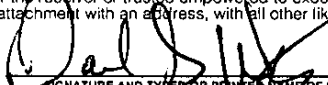
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Jan 19, 2006 8:00 am
Secretary of State

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01112006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000148917					
1. Entity Name DAVID S. WANTZ, INC.					
Principal Place of Business 215 ROSCOE BOULEVARD NORTH PONTE VEDRA, FL 32082 US			Mailing Address 215 ROSCOE BOULEVARD NORTH PONTE VEDRA, FL 32082 US		
2. Principal Place of Business 216 Argonaut Road		3. Mailing Address 216 Argonaut Road			
Suite, Apt. # etc.		Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. FEI Number 03-0532591	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32086	Country USA	Zip 32086	Country USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WANTZ, DAVID S 215 NORTH ROSCOE BLVD. PONTE VEDRA BCH, FL 32082			Name Wantz, David S. Street Address (P.O. Box Number is Not Acceptable) 216 Argonaut Road City St. Augustine FL Zip 32086		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WANTZ, DAVID S	NAME	Wantz, David S.		
STREET ADDRESS	215 ROSCOE BOULEVARD NORTH	STREET ADDRESS	216 Argonaut Road		
CITY-ST-ZIP	PONTE VEDRA, FL 32082	CITY-ST-ZIP	St. Augustine, FL 32086		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 empowered.					
SIGNATURE: 		David S. Wantz, President		01/10/06 904-626-9925	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	