


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90373 014 ***150.00

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| DOCUMENT # P04000017483 |  |
| 1. Entity Name ANTZ ETC, INC. | |

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| Principal Place of Business 630 MARTIN AVE ALTAMONTE SPRINGS FL 32701 | Mailing Address 630 MARTIN AVE ALTAMONTE SPRINGS FL 32701 |
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| 2. Principal Place of Business 630 Martin Ave | 3. Mailing Address 630 Martin Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/04)

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| City & State Altamonte Springs FL | City & State Altamonte Springs FL |
| Zip 32701 | Zip 32701 |
| Country Seminole | Country Seminole |

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| 4. FEI Number 65 121 3893 | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent WAGNER, KARL 630 MARTIN AVE ALTAMONTE SPRINGS FL 32701 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 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 Karl Wagner <small>Signature, typed or printed name of registered agent and title if applicable</small> | KARL R WAGNER <small>(NOTE: Registered Agent signature required when reinstating)</small> |
| | DATE 3-4-2005 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WAGNER, KARL 630 MARTIN AVE ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FERNANDEZ, CLARA 630 MARTIN AVE ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Karl Wagner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | KARL R WAGNER <small>Date</small> 3-4-05 <small>Daytime Phone #</small> 407-8341941 |