

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

2007 SEP 17 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058205

1. Entity Name  
KITZMANN INCORPORATED



Principal Place of Business  
6416 PONCE DE LEON BLVD  
NORTH PORT, FL 34287

Mailing Address  
6416 PONCE DE LEON BLVD  
NORTH PORT, FL 34287

**DO NOT WRITE IN THIS SPACE**



09122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0988638

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KITZMANN, WALTHER ERICH  
6416 PONCE DE LEON  
NORTH PORT, FL 34287

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME KITZMANN, WALTHER ERICH  
STREET ADDRESS 6416 PONCE DE LEON  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE VS  
NAME KITZMANN, MARIAN  
STREET ADDRESS 6416 PONCE DE LEON  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

600109521296  
09/17/07--01045--004 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9- 14-07 941-807-2125  
Date Daytime Phone #

9/18aw