2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000036196

1. Entity Name CYNTHIA DIETZ, INC.



FILED Apr 11, 2007 08:00 All Secretary of State

Fee Required

Principal Place of Business

126 SE 40TH STREET CAPE CORAL, FL 33904

Mailing Address

126 SE 40TH STREET CAPE CORAL, FL 33904



DO NOT WRITE IN THIS SPACE

03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2476227 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DIETZ, CYNTHIA 126 SE 40TH STREET CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent. Cunthua A. Duth	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. Tam familiar with, and accept $oldsymbol{\mathcal{J}}\cdotoldsymbol{\mathcal{J}}\cdotoldsymbol{\mathcal{J}}\cdotoldsymbol{\mathcal{J}}$
Signature: ubod or printed name of registered agant and utile)! applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S DIETZ, CYNTHIA 126 SE 40TH STREET CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-2IP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000702394. 04/20/07-80097-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/20/07-80097-806 150.D0		

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3.27.07</u>

239-425-9370

Daytime Phone #