

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90349 036 \*\*\*150.00

**DOCUMENT # P05000146257**

1. Entity Name  
**FITTON ENTERPRISES, INC.**



Principal Place of Business  
**1120 TOWNPARK AVENUE  
LAKE MARY, FL 32746**

Mailing Address  
**1120 TOWNPARK AVENUE  
LAKE MARY, FL 32746**

400455



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**# 1072**

Suite, Apt. #, etc.

**# 1072**

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20371 2569**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, ELLIOT  
871 W. OAKLAND PARK BOULEVARD  
#303  
FT. LAUDERDALE, FL 33311**

Name

**GREENE ELLIOT**

Street Address (P.O. Box Number is Not Acceptable)

**5511 UNIVERSITY DRIVE SUITE 102**

City

**CORAL SPRINGS FL**

Zip Code

**33067**

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
FITTON, SUSAN  
1120 TOWNPARK AVENUE  
LAKE MARY, FL 32746** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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:

**Susan Fitton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/06. (407)333 9411**

Date

Daytime Phone #