2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

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IATURE AND TYPED OR

ITED NAME OF SIGNING OFFICER OR DIRECTOR

KSIGNATURE:

## Mar 24, 2008 8:00 am Secretary of State DOCUMENT # P07000016281 1. Entity Name 03-24-2008 90041 044 \*\*\*150.00 FRITZ CONSTRUCTION AND REMODELING INC Principal Place of Business Mailing Address 4273 GLENVIEW ROAD JACKSONVILLE FL 32207 4273 GLENVIEW ROAD JACKSONVILLE FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3937 kunter Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 20-8394037 Talksonvi Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEJZIC, HASAN Street Address (P.O. Box Number is Not Acceptable) **4273 GLENVIEW ROAD** JACKSONVILLE FL 32207 er Zip Code 32207 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 Signally efflyped or printed name at registered agent and the if applicable (NOTE: Recistered Agent signature required when constaturing DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition NAME FEJZIC, HASAN FeIZIC, HASAN NAME STREET ADDRESS 4273 GLENVIEW ROAD STREET ADDRESS 3937 Kunter JACKSONVILLE FL 32207 City-St-7/2 CITY-ST-ZIP Jakksonville TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete 100.6 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P mu ☐ Delete TITLE Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-28P Delete TITLE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED