
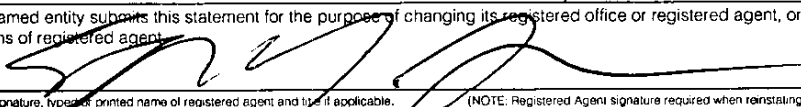
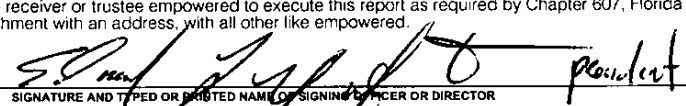


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90015 033 ***150.00

DOCUMENT # P07000090236					
1. Entity Name HOELZER PROPERTIES, INC.					
Principal Place of Business 8935-37 NORTH TAMiami TRAIL NAPLES, FL 34108			Mailing Address 8935-37 NORTH TAMiami TRAIL NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOELZER, EDMUND L IV 8935-37 NORTH TAMiami TRAIL NAPLES, FL 34108				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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:  DATE: 1/29/08					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOELZER, EDMUND L IV		NAME		
STREET ADDRESS	8935-37 NORTH TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOELZER, EDMUND L III		NAME		
STREET ADDRESS	8935-37 NORTH TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOELZER, PATRICIA		NAME		
STREET ADDRESS	8935-37 NORTH TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE: 1/29/08 (63) 241-5251					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40015455



01292008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0770947 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL

DATE

Date

Daytime Phone #