


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P18206 1. Entity Name STOLTZ REALTY CO. OF FLORIDA, INC.	
--	---

Principal Place of Business 301 YAMATO RD, #3101 BOCA RATON, FL 33431	Mailing Address 301 YAMATO RD, #3101 BOCA RATON, FL 33431
---	---



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0307462	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent STOLTZ II, MORRIS L 301 YAMATO RD STE 3101 BOCA RATON, FL 33431

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STOLTZ II, MORRIS L 301 YAMATO RD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, ROBERT R 7000 W. PALMETTO PARK, STE 109 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOLTZ, A. ARCHIE II 301 YAMATO RD STE 3101 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARROS, JASON 301 YAMATO RD STE 3101 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000713841
04/26/07-80105-023 150.00

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

Date

Daytime Phone #