

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P25045

1. Entity Name  
STOLTZ MANAGEMENT CO. OF FLORIDA, INC.



Principal Place of Business

301 YAMATO RD  
3101  
BOCA RATON, FL 33431 US

Mailing Address

301 YAMATO RD  
3101  
BOCA RATON, FL 33431 US

**DO NOT WRITE IN THIS SPACE**

FILED  
06 MAY -3 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
51-0316719

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STOLTZ, MORRIS L II  
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 \_\_\_\_\_ (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**

TITLE	DC
NAME	STOLTZ II, MORRIS L
STREET ADDRESS	301 YAMATO RD, STE 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	V
NAME	REICHENBAUM, RALPH
STREET ADDRESS	301 YAMATO RD, STE 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	V
NAME	STOLTZ, II, A. ARCHIE
STREET ADDRESS	301 YAMATO RD, STE 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06--01007--006 \*\*1100.00

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IN THIS SPACE**

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 #