

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90004 016 ***150.00

DOCUMENT # P37437

1. Entity Name

FRITZ TRAVEL, INC.



Principal Place of Business

1950 COURTNEY DRIVE
SUITE 1
FORT MYERS FL 33901

Mailing Address

1950 COURTNEY DRIVE
SUITE 1
FORT MYERS FL 33901

03010000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3104293

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRITZ, DAVID M
1342 COLONIAL BLVD.
STE. K-82
FORT MYERS FL 33907

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME FRITZ, DAVID M
STREET ADDRESS 8548 BRITANNIA DRIVE 7549 WOODLAND BEND CT
CITY-ST-ZIP FT. MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME FRITZ, ARTHUR
STREET ADDRESS 2730 DOG LEG COURT
CITY-ST-ZIP EVANSVILLE IN 47225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME MANGOLD, RICHARD
STREET ADDRESS 1342 COLONIAL BLVD., STE. K-82
CITY-ST-ZIP FT. MYERS FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

DAVID M. FRITZ

Date

Daytime Phone #

3-15-04 239-278-1717