

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90320 036 ***150.00

DOCUMENT # P93000032229

1. Entity Name

DONALD EDWARD LINTZ, P.A.



Principal Place of Business

**2995 W. MAIN ST-
APT. 8
LEESBURG FL 34748**

Mailing Address

**P.O. BOX 5
FRUITLAND FL 34731**

04000120



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3627 IDLEWOOD LOOP

Suite, Apt. #, etc.

3. Mailing Address

3627 IDLEWOOD LOOP

Suite, Apt. #, etc.

City & State

THE VILLAGES, FL.

Zip
32162

Country

City & State

THE VILLAGES, FL.

Zip
32162

Country

4. FEI Number

59-3191987

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LINTZ, DONALD E
2995 W. MAIN ST-
APT. 8
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **LINTZ, DONALD E.**

Street Address (P.O. Box Number is Not Acceptable)

3627 IDLEWOOD LOOP

City **THE VILLAGES** **FL** **Zip Code** **32162**

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
Trust Fund Contribution.**

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **LINTZ, DONALD E**
STREET ADDRESS **2995 W MAIN STREET APT 8**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **LINTZ, DONALD E.**
STREET ADDRESS **3627 IDLEWOOD LOOP**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: **DONALD E. LINTZ**

4-15-04

**(352)
753-6245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #