2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000042276

1. Entity Name
C. ANN GETZINGER, INC.

Principal Place of Business	Mailing Address
8325 N.W. 15TH COURT CORAL SPRINGS, FL 33071	8325 N.W. 15TH COURT CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

01152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0424730	Not Applicable

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

6. Name and Address of Current Registered Agent

GETZINGER, C. ANN
8325 N.W. 15TH COURT
CORAL SPRINGS, FL 33071

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

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	GETZINGER, C. ANN
STREET ADDRESS	8325 N.W. 15TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MR
NAME	GETZINGER, JOHN V
STREET ADDRESS	8325 NW 15TH CT
CITY-ST-ZIP	CORAL SPRINGS, FL 33071

U00000119437
04/19/04-80100-020 150.00

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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: ✓ C. A. Getzinger Pres.   4/15/04   1954-755-345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #