

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90073 007 ***150.00

DOCUMENT # P95000057835 1. Entity Name FRITZSCHE & ASSOCIATES, INC.					
Principal Place of Business 18925 ST LAURENT DR LUTZ, FL 33549				Mailing Address 18925 ST LAURENT DR LUTZ, FL 33549	
2. Principal Place of Business 1311 TRAIL GLEN LN.		3. Mailing Address 1311 TRAIL GLEN LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LUTZ, FL.		City & State LUTZ, FL.		4. FEI Number 22-3140228	
Zip 33549		Country U.S.A		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRITZSCHE, R W 48925 ST LAURENT DR LUTZ, FL 33549				7. Name and Address of New Registered Agent Name R. WAYNE FRITZSCHE Street Address (P.O. Box Number is Not Acceptable) 1311 TRAIL GLEN LANE City LUTZ FL Zip Code 33549	
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 <i>R. Wayne Fritzsch</i> 1.28.04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD FRITZSCHE, R. WAYNE 18925 ST LAURENT DR LUTZ, FL 33549			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRISIDENT FRITZSCHE, R. WAYNE 1311 TRAIL GLEN LN. LUTZ, FL. 33549			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP E.V.P. FRITZSCHE, LISA 1311 TRAIL GLEN LN. LUTZ, FL. 33549			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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: <i>R. Wayne Fritzsch</i> R. WAYNE FRITZSCHE 1.27.08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

813-909-4707