

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000061095

1. Entity Name
FRITZ EQUITIES, INC.



Principal Place of Business
26100 SW 112 AVE
HOMESTEAD, FL 33032 US

Mailing Address
26100 SW 112 AVE
HOMESTEAD, FL 33032 US



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0683977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWN, HOWARD L
C/O GRANT, FRIDKIN, & PEARSON P.A.
5551 RIDGEWOOD DR SUITE 501
NAPLES, FL 34108

**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 _____

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FRITZ, JOYCE
STREET ADDRESS 26100 SW 112 AVE
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE D
NAME FRITZ, JOHN CALVIN
STREET ADDRESS 26100 SW 112 AVE
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE D
NAME FRITZ, JAMES LOUIS
STREET ADDRESS 26100 SW 112 AVE
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE D
NAME FLOYD, JENNIFER FRITZ
STREET ADDRESS 26100 SW 112 AVE
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE D
NAME FRITZ, JEFFREY ERROL
STREET ADDRESS 26100 SW 112 AVE
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE D
NAME FRITZ, JACK STEPHEN
STREET ADDRESS 26100 SW 112 AVE
CITY-ST-ZIP HOMESTEAD, FL 33032

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01/18/08-80035-017 150.00

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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 #

JOHN CALVIN FRITZ

January 15, 2008

305-258-3411