


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000107453  
 1. Entity Name  
 LENNARTZ FINANCIAL SERVICES, INC.



Principal Place of Business: 555 W. GRANADA BLVD., STE. A-3 ORMOND BEACH, FL 32174  
 Mailing Address: 555 W. GRANADA BLVD., STE. A-3 ORMOND BEACH, FL 32174

**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3612935 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PALMETTO CHARTER SERVICES, INC.  
 150 MAGNOLIA AVE.  
 DAYTONA BEACH, FL 32115-2491

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 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	LENNARTZ, JOSEPH
STREET ADDRESS	555 W. GRANADA BLVD., STE. A-3
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000287861  
 04/04/05-80086-011 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph V. Lennartz, President 3/28/05 (386) 673-0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #