


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F1587B
 1. Entity Name
LAW OFFICES OF RAY A. SCHLICHTE, JR. PROFESSIONAL ASSOCIATION



Principal Place of Business Mailing Address
2134 HOLLYWOOD BLVD HOLLYWOOD FL 33020 **2134 HOLLYWOOD BLVD HOLLYWOOD FL 33020**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2047109** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SCHLICHTE, PAUL G ESQ.
2134 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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	P <input type="checkbox"/> Delete
NAME	SCHLICHTE, PAUL G
STREET ADDRESS	2134 HOLLYWOOD BLVD
CITY - ST - ZIP	HOLLYWOOD FL 33020
TITLE	V <input type="checkbox"/> Delete
NAME	SCHLICHTE, MATTHEW J.
STREET ADDRESS	2134 HOLLYWOOD BLVD.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	S <input type="checkbox"/> Delete
NAME	SCHLICHTE, MATTHEW
STREET ADDRESS	5720 HARDING STREET
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	T <input type="checkbox"/> Delete
NAME	SCHLICHTE, MATTHEW J
STREET ADDRESS	5721 HARDING ST
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000043315
CITY - ST - ZIP	02/10/04-80060-003 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Matthew J. Schlichte** 2/5/04 954-923-4604

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