


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F15878
 1. Entity Name
LAW OFFICES OF RAY A. SCHLICHTE, JR.
PROFESSIONAL ASSOCIATION



Principal Place of Business 2134 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	Mailing Address 2134 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2047109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHLICHTE, PAUL G 2134 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHLICHTE, MATTHEW J. 2134 HOLLYWOOD BLVD. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLICHTE, MATTHEW 5720 HARDING STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHLICHTE, MATTHEW J 5721 HARDING ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/19/05-80023-008 150.00

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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L-11-05 9549234604
 Date Daytime Phone #