


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01232006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2047109**      **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**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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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 02/17/06-80036-017 150.00

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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 807, 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 SCHLICHTE**      1/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #