


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90117 034 \*\*\*150.00

DOCUMENT # **J18843**

1. Entity Name  
**COVENTRY SQUARE, INC.**



Principal Place of Business      Mailing Address

~~% FRED SCHWARTZ~~      ~~% FRED SCHWARTZ~~  
 2715 SPANISH RIVER ROAD      2715 SPANISH RIVER ROAD  
 BOCA RATON FL 33432      BOCA RATON FL 33432



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-2714669**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, ZELMA**  
**2715 SPANISH RIVER ROAD**  
**BOCA RATON FL 33432**

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 \_\_\_\_\_ 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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be Added to Fees**

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, FRED	
STREET ADDRESS	2715 SPANISH RIVER RD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWARTZ, DOUGLAS	
STREET ADDRESS	2410 HALYARD DR	
CITY-ST-ZIP	MERRICK NY 11566	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHWARTZ, SUSAN	
STREET ADDRESS	17992 FOXBOROUGH LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
TITLE	P/V Douglas Schwartz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2410 Halyard Drive	
STREET ADDRESS	Merrick, ny 11566	
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		
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 exemptions contained in Section 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: Douglas Schwartz      Date: 3/6/06      Daytime Phone #: 3681752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR