

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09222

FILED  
Jul 17, 2006  
Secretary of State

Entity Name: SHAEVITZ PROPERTIES CORPORATION

**Current Principal Place of Business:**

5729 COMPASS COURT  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

5729 COMPASS COURT  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

FEI Number: 65-0226216      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHAEVITZ, ROBERT M.  
5729 COMPASS COURT  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

SHAEVITZ, ROBERT M  
5729 COMPASS COURT  
CAPE CORAL, FL 33914 US

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.

SIGNATURE: ROBERT M. SHAEVITZ      07/17/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SHAEVITZ, ROBERT M.,  
Address: 5729 COMPASS COURT  
City-St-Zip: CAPE CORAL, FL 33914

Title: V      ( ) Delete  
Name: SHAEVITZ, FRANCES,  
Address: 5729 COMPASS COURT  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. SHAEVITZ      PRES      07/17/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date