## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 224758**

Entity Name: R. SCHWARZ ENTERPRISES, INC.

FILED Feb 04, 2007 Secretary of State

	10. 10. 001111	VIII ENTERN MOLO, IIV	<b>○</b> .		
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	RESS BLVD. . BEACH, FL 3	32114 US			
Current M	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
	RESS BLVD. BEACH, FL 3	32114 US			
FEI Number:	59-0867463	FEI Number Applied For (	) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Ager	t: Name and Address o	f New Registered Agent:	
1800 W. ÍN	KATHLEEN L I ITERNATIONA BEACH, FL 3	AL SPEEDWAY BLVD.	CROTTY, KATHLEEN 1825 BUSINESS PAR DAYTONA BEACH, FI	K BLVD, SUITE A.	
The above in the State	named entity s of Florida.	submits this statement for	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			02/04/2007	
	Electron	nic Signature of Registere	d Agent	Date	
Election Car	npaign Financing	g Trust Fund Contribution ( )			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SCHWARZ, ANI 1 JOHN ANDER ORMOND BEAC	RSON, #703	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () SCHWARZ, ED 1001 SHOCKNE ORMOND BCH,	EY DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHWARZ, JAN	STON TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () SCHWARZ, RIC	) Delete CHARD,	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JAMES SCHWARZ PRES 02/04/2007

295 COQUINA AVE

ORMOND BCH, FL

Address:

City-St-Zip: