

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 271260 1. Entity Name W.E. SCHLECHTER AND SONS, INC.	
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Principal Place of Business W E SCHLECHTER - 1995 ST. RD. 715 P O BOX 373 BELLE GLADE, FL 33430	Mailing Address W E SCHLECHTER - 1995 ST. RD. 715 P O BOX 373 BELLE GLADE, FL 33430
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03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1010208	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHLECHTER, J O
1995 STATE RD 715
BELLE GLADE, FL 33430**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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**

1000000307333
04/15/05-80050-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLECHTER, J O 1995 STATE RD 715 BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHLECHTER, ELEANOR W 1995 STATE RD 715 BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLECHTER, MICHAEL L. 627 SQUIRE DRIVE WELLINGTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLECHTER, JOEL KENNETH 1401 STALLION DR LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLECHTER, WILLIAM WALTER 14918 HORSESHOE TRACE WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

Date

Daytime Phone #

4-12-05 561-996-7408