2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

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DOCUI 1. Entity Nam SHULTZ	е	# 399125 G, INC		;				04-18-2005	-			
Principal Place	e of Busines	5	Mailing Address					5,00	1. 1. 10			
716 SOUTH (COMMERCE		716 SOUTH COMMERCE				, · · · · · · · · · · · · · · · · · · ·					
P 0 B0X 31			P 0 B0X 31									
SEBRING, FL	33870		SEBRING, FL 33870				- innoinn	I PENTA NANAL ITAKA NIASI ARKI		IN BIEN BIBLI BIBLI		
2. Principal P			3. Mailing Address									
2640 S. LAKE DENTON RO			2640 S. Lake Denton Ro.			ea.	1 (69)69 (64)	16116	######################################	61811 81811 61811	ILLI II IEEI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01122005	Chg-P	CR2E0	34 (10/03)		
City & State AVON PARK, F C Zip Country			City & State AVONDANK, FL				4. FEI Number 59-141			No	plied For t Applicable	
Zip 33825		Country ### USA	Zip 3 3825	Coun	usA usA		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
_	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent							
SHULTZ, L B							TZ, LB.					
3640 S LA		ON RD		Street Address			P.O. Box Number is Not Acceptable) 5. LAKE DENTON RO					
AVAON P			2640			<i>'</i>	, LAKE	DENTON	KO_			
			,		-							
					CityAVOI	NA	DARK		FL	Zip Code 3 38	25	
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 of firmed name of registance agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) On TE												
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND	RECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AN	DIRECTORS	S IN 11	
TITLE	VPT	2.1	☐ Delete	TITL	E					☐ Change	☐ Addition	
NAME CYDEET ADDRESS	1	GEORGE JR	•	NAM								
STREET ADDRESS CITY-ST-ZIP	7431 NW	ND, FL 32626			EET ADDRESS '-ST-ZIP							
TITLE	PD	,	☐ Delete	TITL	E					Change	☐ Addition	
NAME	SHULTZ,	LILLY B		NAM	Æ		•					
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP	AVON PA	ARK, FL		_	-ST-ZIP	-0				A THOU		
TITLE NAME	SD ADAIR S	ANDRA KAY	☐ Delete	TITL	E .	50 411	MR, SA	JORA KAL	1	Change	☐ Addition	
STREET ADDRESS	210 JAY				EET ADDRESS	92	4 GALA	xy Av-	•			
CITY-ST-ZIP	SEBRING			CITY	'-ST-ZIP	500	MING, F	VORA KAY XY AV. EL				
TITLE			☐ Delete	TITL	E					☐ Change	☐ Addition	
NAME				NAM	I .							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP							
TITLE			□ Delete	TITL	E					Change	Addition	
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS /-SI-ZIP							
TITLE			☐ Delete	TITL						☐ Change	☐ Addition	
NAME			Li Delete	NAM						[] Crange		
STREET ADDRESS				STR	EET ADDRESS							
CITY-ST-ZIP				CITY	r-St-ZIP							
12. Thereby indicated	certify that the	ne information supplied with ort or supplemental record is	this filing does not qualify f	or the exe	emption stated	d in Se	ction 119.07(3)	(i), Florida Statutes.	I further ce	rtify that the in	nformation or director	
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: 3/2/05 863 453 -55/4 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR 3/2/05 863 453 -55/4 Daylor Prince 4												