


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90263 008 ***150.00

DOCUMENT # 399125 1. Entity Name SHULTZ PRINTING, INC					
Principal Place of Business 716 SOUTH COMMERCE P O BOX 31 SEBRING, FL 33870			Mailing Address 716 SOUTH COMMERCE P O BOX 31 SEBRING, FL 33870		
2. Principal Place of Business 2640 S. LAKE DENTON RD.		3. Mailing Address 2640 S. Lake Denton Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State AVON PARK, FL		City & State AVONPARK, FL		4. FEI Number 59-1411775	
Zip 33825		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHULTZ, L B 3640 S LAKE DENTON RD AVAON PK, FL 33825		7. Name and Address of New Registered Agent Name SHULTZ, L.B. Street Address (P.O. Box Number is Not Acceptable) 2640 S. LAKE DENTON RD City AVON PARK FL Zip Code 33825			
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 <u><i>Lilly B Shultz</i></u> DATE <u>3/2/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHULTZ, GEORGE JR 7431 NW CR 345 CHIEFLAND, FL 32626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHULTZ, LILLY B 2640 S. LAKE DENTON RD. AVON PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAIR, SANDRA KAY 210 JAY AVE SEBRING, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAIR, SANDRA KAY 924 GALAXY AV. SEBRING, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Lilly B Shultz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/2/05</u> Daytime Phone # <u>863 453-5514</u>		