

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90081 028 \*\*\*150.00

**DOCUMENT # 420122**

1. Entity Name

SCHWAB & COMPANY, INC.



Principal Place of Business

6700 SW 125 TR  
MIAMI FL 33156  
US

Mailing Address

6700 SW 125 TR  
MIAMI FL 33156  
US

2. Principal Place of Business

2545 ROYAL Liverpool Dr.  
Suite, Apt. #, etc.

3. Mailing Address

2545 ROYAL Liverpool Dr.  
Suite, Apt. #, etc.

City & State

TARPON SPRINGS

City & State

FL TARPON SPRINGS

Zip 34688

Country

Zip 34688

Country

4. FEI Number

59-1465175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

SCHWAB, DAVID J  
6700 SW 125 TERR  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2545 ROYAL Liverpool Dr

City TARPON SPRINGS

FL

Zip Code 34688

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

*David J Schwab* Pres

2/6/06

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHWAB, DAVID J.  
STREET ADDRESS 6700 SW 126TH TERRACE  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S  
NAME SCHWAB, ANN W  
STREET ADDRESS 6700 SW 125TH TERR  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 2545 ROYAL Liverpool Dr  
CITY-ST-ZIP TARPON SPRINGS FL 34688 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 2545 ROYAL Liverpool Dr  
CITY-ST-ZIP TARPON SPRINGS FL 34688 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2/6/06

727 938 2711

Date

Daytime Phone #