

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

DOCUMENT # 537708

1. Entity Name  
HARRY M. SCHWENKE, P.A.



Principal Place of Business  
2780 E. OAKLAND PARK  
FT. LAUDERDALE, FL 33306 US

Mailing Address  
P.O. BOX 23939  
FT. LAUDERDALE, FL 33307 US



02162005 No Cfig-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1743183

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWENKE, H. M.  
2780 E. OAKLAND PARK BLVD  
FT. LAUDERDALE, FL 33306

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWENKE, H. M. 601 ROYAL PLAZA FT. LAUDERDALE FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000307202  
04/15/05-80044-020 150.00

**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)(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: Harry M. Schwenke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

954-563-4883

Date

Daytime Phone #