

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F03000006293

1. Entity Name
SCHILTZ PROPERTIES, INC.



Principal Place of Business

**736 FEDERAL STREET
DAVENPORT, IA 52803**

Mailing Address

**736 FEDERAL STREET
DAVENPORT, IA 52803**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
42-1348727

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHILTZ, JANE E
521 MANGROVE COURT
MARCO ISLAND, FL 34145**

**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 reinstalling)

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	C
NAME	SCHILTZ, JANE E
STREET ADDRESS	521 MANGROVE COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	P
NAME	SCHILTZ, RONALD W
STREET ADDRESS	22810 GREAT RIVER ROAD
CITY-ST-ZIP	LECLAIRE, IA 52753
TITLE	S
NAME	SCHILTZ, MARK L
STREET ADDRESS	4207 WINDING HILL ROAD
CITY-ST-ZIP	DAVENPORT, IA 52807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/05-80022-012 150.00

**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)(f), 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 #

4-5-05 563-322-6564