


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F50233</b> 1. Entity Name SCHULTE CONST. CO., INC.	
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Principal Place of Business 265 BEAVER COURT VENICE, FL 34292	Mailing Address 265 BEAVER COURT VENICE, FL 34292
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01082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2112740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCHULTE, WILLIAM B 265 BEAVER CT. VENICE, FL 34292
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	ST SCHULTE, WILLIAM B 265 BEAVER COURT VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTE, JAMES W 265 BEAVER COURT VENICE, FL 34292
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 136, 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: James W. Schulte 1/17/06 941 484 220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #