# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # F71568

1. Entity Name
SCHON CREATIVE SERVICES, INC.

Principal Place of Business
TAMPA INTERNATIONAL AIRPROT
MARRIOTT OFC LEVEL C48
TAMPA, FL 33607 US

Mailing Address
P O BOX 23572
TAMPA, FL 33623 US

04162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2170164
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALAND, ROBERT A.
9100 S. DADELAND BLVD
1 DATRAN CTR. PENTHOUSE 1, SUITE 1710
MIAMI, FL 33156

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 | PS |
| NAME | SCHON, RONALD A. |
| STREET ADDRESS | 4935 W BAYWAY PL |
| CITY-ST-ZIP | TAMPA, FL 33629 |
| TITLE | VT |
| NAME | SCHON, ELLEN ERRICO |
| STREET ADDRESS | 4935 W BAYWAY PL |
| CITY-ST-ZIP | TAMPA, FL 33629 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |

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05/02/06-80057-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Ellen Errico Schon Ellen Errico Schon 4-16-06 813-287-0379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #