

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90061 018 ***150.00

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1. Entity Name
LOUIS SCHLITT, INC.



Principal Place of Business
1717 INDIAN RIVER BLVD
STE 300
VERO BCH, FL 32960

Mailing Address
1717 INDIAN RIVER BLVD
STE 300
VERO BCH, FL 32960



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

03052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2326436

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLITT, KATHERINE A
1717 INDIAN RIVER BLVD
STE 300
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME SCHLITT, KATHERINE A
STREET ADDRESS 177 INDIAN RIVER BLVD., SUITE 300
CITY-ST-ZIP VERO BCH, FL 32960

TITLE **S** ☐ Delete
NAME SCHLITT, KATHERINE A
STREET ADDRESS 1717 INDIAN RIVER BLVD
CITY-ST-ZIP VERO BCH, FL

TITLE **S** ☒ Delete
NAME SCHLITT, LOUIS L
STREET ADDRESS 177 INDIAN RIVER BLVD., SUITE 300
CITY-ST-ZIP VERO BCH, FL 32960

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME Schlitt, Louis L.
STREET ADDRESS SAME
CITY-ST-ZIP

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

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

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

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

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

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1604
Date Daytime Phone #