2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G74311

1. Entity Name
SCHULTZ CONSTRUCTION INCORPORATED

Principal Place of Business	Mailing Address
12760 NE 11 AVENUE NORTH MIAMI, FL 33161	% DAVID SCHULTZ 9600 NW 25TH STREET, # 6-A MIAMI, FL 33172-1416

DO NOT WRITE IN THIS SPACE

02012006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2397824	Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULTZ, DAVID
170 NE 128TH TERRACE
MIAMI, FL 33161

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, 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	DP
NAME	SCHULTZ, DAVID
STREET ADDRESS	12760 NE 11 AVE
CITY-ST-ZIP	NORTH MIAMI, FL

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06--60078-024   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: _____   4-17-2006   305-477-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #