## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # H22970

1. Entity Name

SCHLITT INVESTOR SERVICES, INC.



**FILED** Mar 06, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1717 INDIAN RIVER BLVD. VERO BEACH, FL 32960

1717 INDIAN RIVER BLVD. VERO BEACH, FL 32960



02042008

No Chg-P

CR2E034 (11/05)

59-2450239

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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STE 101	KENNETH RLAND AVE ), FL 32801				NOT W THIS SP	ACE								
	3. 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 it	applicable. (NOTE: Rec	gistered Agent signatur	required when reinstating)		DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign I Trust Fund Contribute	Financing	\$5.00 May Be Added to Fees		· · · · ·								
10.	OFFICERS AND DIREC	TORS	alta all	ka Elkiri bebud	in a a feather with the feather and	Liusaani								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PT SCHLITT, ROBERT W. JR. 1717 INDIAN RIVER BLVD. VERO BEACH, FL 32960 VPS				7, ± 0000008 03/21/08±6	49287. 30014-017	1150.00							
NAME STREET ADDRESS City-ST-ZIP	SCHLITT, JEFFREY M 1717 INDIAN RIVER BLVD. VERO BEACH, FL 32960													
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SP	ACE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7. 3. 7. S.													

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report a 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 atta

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED