


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # J27192 1. Entity Name SCHLITT INSURANCE SERVICES, INC.	
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Principal Place of Business 1717 INDIAN RIVER BLVD STE 300 VERO BEACH, FL 32960	Mailing Address 1717 INDIAN RIVER BLVD STE 300 VERO BEACH, FL 32960
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02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2723835	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHLITT, KATHERINE A 1717 INDIAN RIVER BLVD SUITE 300 VERO BEACH, FL 32960

**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 restating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

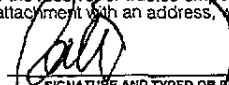
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHLIT, KATHERINE A 1717 INDIAN RIVER BLVD VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLITT, ROBERT W JR. 1717 INDIAN RIVER BLVD. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLITT, JEFFREY M 1717 INDIAN RIVER BLVD VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/05-80047-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Robert Schlitt Jr.** 4/14/05 (772) 572-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #