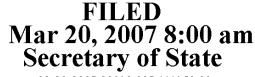
## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # J27192 1. Entity Name SCHLITT INSURANCE SERVICES, INC. Principal Place of Business Mailing Address



03-20-2007 90012 007 \*\*\*150.00

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01152007



## DO NOT WRITE IN THIS SPACE

1717 INDIAN RIVER BLVD

VERO BEACH, FL 32960

STE 300

CR2E034 (11/05)

 4. FEI Number 59-2723835		Applied For Not Applicable
5. Certificate of Status Desired		5 Additional equired

6. Name and Address of Current Registered Agent

SCHLITT, ROBERT W JR 1717 INDIAN RIVER BLVD STE 300 VERO BEACH, FL 32960

1717 INDIAN RIVER BLVD

VERO BEACH, FL 32960

SIGNATURE:

STE 300

## DO NOT WRITE IN THIS SPACE

No Chg-P

				***	IIIIO OI AOL	
8. The above the obligat	e named entity submits this statement for the plant of registered agent.	Durpose of changing its registere	d office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signaturi	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
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	ST SCHLITT, ROBERT W JR 1717 INDIAN RIVER BLVD VERO BEACH, FL 32960		. gage ta	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
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 amounted 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 employeered.						

AME OF SIGNING OFFICER OR DIRECTOR

TURE AND TYPED OR PRINTED