2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90065 003 ***150.00

DOCUMENT # J27192

1. Entity Name
SCHLITT INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1717 INDIAN RIVER BLVD STE 300 VERO BEACH, FL 32960	1717 INDIAN RIVER BLVD STE 300 VERO BEACH, FL 32960

40041924

02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2723835
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHLITT, ROBERT W JR
STREET ADDRESS	1717 INDIAN RIVER BLVD
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VP
NAME	SCHLITT, JEFFREY M
STREET ADDRESS	1717 INDIAN RIVER BLVD
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	ST
NAME	SCHLITT, ROBERT W JR
STREET ADDRESS	1717 INDIAN RIVER BLVD
CITY-ST-ZIP	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	

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