


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> K65288	
<b>1. Entity Name</b> SCHWARZ ENTERPRISES, INC.	

<b>Principal Place of Business</b> DARBY HAUCK 712 US HWY ONE #210 NORTH PALM BEACH, FL 33408 US	<b>Mailing Address</b> HAUCK, DARBY 712 US HWY ONE, #210 NORTH PALM BEACH, FL 33408 US
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01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0114903	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  LIGHTHOUSE FOR THE BLIND OF PALM BEACHES 7810 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000195169 01/26/05-80019-003 158.75
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GODDARD, NED 3216 N FLAGLER DR W PALM BEACH, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HAUCK, DARBY 712 US HWY 1 STE 210 NORTH PALM BEACH, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DST THOMPSON, WILLIAM S. 7810 SOUTH DIXIE HWY WEST PALM BEACH, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KLETT, STANLEY D 4100 RCA BLVD., SUITE #100 PALM BEACH GARDENS, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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:** William S. Thompson 1/19/05 561.586.5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #