

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # L03253

1. Entity Name  
STANTON SHULTZ CPA, PA



Principal Place of Business

26750 US 19 NORTH  
SUITE 420  
CLEARWATER, FL 33761 US

Mailing Address

26750 US 19 NORTH  
SUITE 420  
CLEARWATER, FL 33761 US

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2959547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHULTZ, STANTON K  
26750 US 19 NORTH  
SUITE 420  
CLEARWATER, FL 33761

**DO NOT WRITE  
IN THIS SPACE**

B. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	D SHULTZ, STANTON K. 2549 REDWOOD WAY CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000085996  
03/12/04-80006-005 150.00

**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:

*Stanton Shultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

727-724-6402

Date

Daytime Phone #