


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90047 013 ***150.00

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
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2. Principal Place of Business 25400 US 19 N Suite, Apt. #, etc. Suite 230 City & State Clearwater, FL Zip 33763 Country US	3. Mailing Address 25400 US 19 N Suite, Apt. #, etc. Suite 230 City & State Clearwater, FL Zip 33763 Country US
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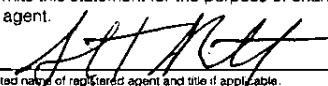
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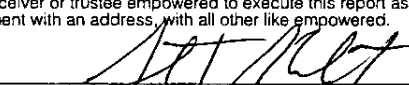
6. Name and Address of Current Registered Agent SHULTZ, STANTON K 26750 US 19 NORTH SUITE 420 CLEARWATER, FL 33761	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 25400 US 19 N Suite 230 City Clearwater FL Zip Code 33763	
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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:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 1/5/05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULTZ, STANTON K. 2549 REDWOOD WAY CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/5/05 227-724-6422 Daytime Phone #