

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43493

Entity Name: G.W. SCHULTZ TOOL, INC.

FILED  
Mar 21, 2012  
Secretary of State

**Current Principal Place of Business:**

595 COUNTY RD 448  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

595 COUNTY RD 448  
TAVARES, FL 32778 US

**New Mailing Address:**

FEI Number: 59-2995639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULTZ, GREGORY W  
23550 KAYS WAY  
ASTATULA, FL 34705 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: SCHULTZ, GREG W.  
Address: 23550 KAYS WAY  
City-St-Zip: ASTATULA, FL 34705

Title: D  
Name: SCHULTZ, GREG W.  
Address: 23550 KAYS WAY  
City-St-Zip: ASTATULA, FL 34705

Title: VPST  
Name: SCHULTZ, LAUREN J  
Address: 23550 KAYS WAY  
City-St-Zip: ASTATULA, FL 34705

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN J. SCHULTZ

VPST

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date