

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66579

FILED
Jan 08, 2005
Secretary of State

Entity Name: SCHOLTZ & SCHOLTZ, INC.

Current Principal Place of Business:

C/O DESSO T. SCHOLTZ
291 CYPRESS WAY WEST
NAPLES, FL 34110 US

New Principal Place of Business:

4485 LORRAINE AVE.
NAPLES, FL 34104 US

Current Mailing Address:

C/O DESSO T. SCHOLTZ
291 CYPRESS WAY WEST
NAPLES, FL 34110 US

New Mailing Address:

4485 LORRAINE AVE.
NAPLES, FL 34104 US

FEI Number: 65-0191388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOLTZ, DESSO T.
291 CYPRESS WAY WEST
NAPLES, FL 33942 US

Name and Address of New Registered Agent:

SCHOLTZ, DESSO T VP
4485 LORRAINE AVE.
NAPLES, FL 34104 US

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: DESSO T. SCHOLTZ

01/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOLTZ, DESSO T.,
Address: 291 CYPRESS WAY WEST
City-St-Zip: NAPLES, FL

Title: V () Delete
Name: SCHOLTZ, DESSO T., I, V
Address: 291 CYPRESS WAY W
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHOLTZ, DESSO T PRES.
Address: 4485 LORRAINE AVE.
City-St-Zip: NAPLES, FL 34104 US

Title: V (X) Change () Addition
Name: SCHOLTZ IV, DESSO T VP
Address: 4485 LORRAINE AVE.
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DESSO T. SCHOLTZ IV

VP

01/08/2005

Electronic Signature of Signing Officer or Director

Date