

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # M60731	
1. Entity Name JOHN W. SCHMITZ, P.A.	

Principal Place of Business C/O JOHN W. SCHMITZ ESQ 1101 BRICKELL AVE #1700 MIAMI, FL 33131 US	Mailing Address C/O JOHN W. SCHMITZ ESQ 1101 BRICKELL AVE #1700 MIAMI, FL 33131 US
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02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0009453	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHMITZ, JOHN W. ESQ 1101 BRICKELL AVE., STE. 1700 SUITE 1700 MIAMI, FL 33131	
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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 _____
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMITZ, JOHN W. 375 COCOPLUM RD CORAL GABLES, FL
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02/27/04-80053-024 150.00

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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: 	JOHN W. SCHMITZ	12/12/04	305-519-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #