


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000001517 1. Entity Name CHARLES SCHULTZ PRODUCTIONS INC.	
---	---

Principal Place of Business 1350 RIVER REACH DR #201 FT LAUDERDALE FL 33315	Mailing Address 1350 RIVER REACH DR #201 FT LAUDERDALE FL 33315
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-1004356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MINNICK, BRUCE A
2874 REMINGTON GREEN CIR
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete SCHULTZ, CHARLES C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1350 RIVER BEACH DRIVE, #201	NAME	U000000607282
CITY- ST- ZIP	FORT LAUDERDALE FL 33315	STREET ADDRESS	01/31/07-80032-001 61.25
CITY- ST- ZIP	FORT LAUDERDALE FL 33315	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete MINNICK, BRUCE A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2874 REMINGTON GREEN CIRCLE	NAME	
CITY- ST- ZIP	TALLAHASSEE FL 32308	STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL 32308	CITY- ST- ZIP	
TITLE	VPD <input type="checkbox"/> Delete BORTON, CHAPPE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1519 YATE DRIVE	NAME	
CITY- ST- ZIP	HOLLYWOOD FL 33021	STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL 33021	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete ALEXANDER, CECIL LEO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1402 SE 54TH AVENUE	NAME	
CITY- ST- ZIP	FORT LAUDERDALE FL	STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete BORTON, KENNAN D.D.S.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1519 YATE DRIVE	NAME	
CITY- ST- ZIP	HOLLYWOOD FL 33021	STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL 33021	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

Information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 with an address, with all other like empowered.

Charles Schultz
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/07 **954-540-7197**
Date Daytime Phone