

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004948

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** SCHULZ ADADEMY, INC.

**Current Principal Place of Business:**

10707 SAN BERNARDINO WAY  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

10707 SAN BERNARDINO WAY  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:** 20-1192113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHULZ, BARBARA  
10707 SAN BERNARDINO WAY  
BOCA RTAON, FL 33428 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:** PRES  
**Name:** SCHULZ, JOSEF PRESIDE  
**Address:** 10707 SAN BERNARDINO WAY  
**City-St-Zip:** BOCA RATON, FL 33428

**Title:** VICE  
**Name:** HOUGHTON, GEORGE VICEPRE  
**Address:** 7826 SADDLE CREEK TRAIL  
**City-St-Zip:** SARASOTA, FL 34241

**Title:** REGI  
**Name:** SCHULZ, BARBARA  
**Address:** 10707 SAN BERNARDINO WAY  
**City-St-Zip:** BOCA RATON, FL 33428

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JOSEF SCHULZ

PRES

04/15/2010

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

\_\_\_\_\_  
Date