


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90030 047 \*\*\*150.00

<b>DOCUMENT # P00000053610</b>	
1. Entity Name <b>SCHLITT PROPERTY MANAGEMENT, INC.</b>	

Principal Place of Business <b>3240 CARDINAL DR, STE 200 VERO BEACH, FL 32963</b>	Mailing Address <b>3240 CARDINAL DR, STE 200 VERO BEACH, FL 32963</b>
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2. Principal Place of Business - No P.O. Box # <b>1209 U.S. HIGHWAY 1</b>	3. Mailing Address <b>1209 U.S. HIGHWAY 1</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SEBASTIAN, FL</b>	City & State <b>SEBASTIAN, FL</b>
Zip <b>32958</b>	Zip <b>32958</b>
Country <b>US</b>	Country <b>US</b>

02212008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1012999</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SCHLITT, STEVEN R 947 20TH PLACE VERO BEACH, FL 32960</b>	7. Name and Address of New Registered Agent Name <b>STEVEN R. SCHLITT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1209 U.S. HIGHWAY 1</b> City <b>SEBASTIAN</b> FL Zip Code <b>32958</b>
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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 <b>STEVEN R. SCHLITT</b>	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLITT, STEVEN R 947 20TH PLACE VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, LINDA SCHLITT 947 20TH PLACE VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE: 	772-388-6358	2/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #