


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000061435
1. Entity Name
THE SCHANTZ AGENCY, INC.



Principal Place of Business Mailing Address
P.O. BOX 51591 P.O. BOX 51591
JACKSONVILLE, FL 32240 JACKSONVILLE, FL 32240

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3727660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINGER, DAVID M
302 3 ST, STE 5
NEPTUNE BEACH, FL 32266

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHANTZ, ROBERT E 2663 TREASURE COVE LANE JACKSONVILLE, FL 32225
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04/07/05-80045-002 150.00

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IN THIS SPACE**

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/6/05 Daytime Phone #: 904-247-1244