2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 08, 2007 08:00 AM DOCUMENT # P01000061435 **Secretary of State** 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 CR2E034 (11/05) 02012007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3727660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LINGER, DAVID M DO NOT WRITE 302 3 ST, STE 5 NEPTUNE BEACH, FL 32266 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE SCHANTZ, ROBERT E STREET ADDRESS 2663 TREASURE COVE LANE CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE U00000659438 03/16/07-80031-001 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP "

BINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**