

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087030

Entity Name: SCOTT STOLTZ, D.C., P.A.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

2101 S. PARSONS AVENUE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

2101 S. PARSONS AVENUE
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-3741804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLTZ, SCOTT
2101 S. PARSONS AVENUE
SEFFNER, FL 33584 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: STOLTZ, SCOTT
Address: 2101 S. PARSONS AVENUE
City-St-Zip: SEFFNER, FL 33584

Title: S (X) Delete
Name: STOLTZ, JILL
Address: 4518 OAK RIVER CIR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: STOLTZ, SCOTT
Address: 2101 S. PARSONS AVENUE
City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT STOLTZ

P

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date