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\$007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094017

1. Entity Name

SCHLAGE INVESTMENTS & MANAGEMENT, INC.



FILED Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

3701 SE 7TH ST

PORT ST.LUCIE, FL 34982

Mailing Address

3701 SE 7TH ST

PORT ST.LUCIE, FL 34982



DO NOT WRITE IN THIS SPACE

03122007 No Chg-P

CR2E034 (11/05)

FEI Number
 65-1140327

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

SCHLAGE, MICHAEL 4006 SW MELBOURNE ST PORT SAINT LUCIE, FL 34953

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office o	r registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered Agent signal	ture required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			c ti s.	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	PDT SCHLAGE, MICHAEL 4006 SW MELBOURNE ST PORT SAINT LUCIE, FL 34953			U00000694853 04/17/07-80038-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-7IP				

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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.

SIGNATURE:

NAME STREET ADDRESS

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

SIGNATURE WAN TYPED OF BRINTED NAME OF SIGNING OFFICES OF DIRECTOR

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