


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 21, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P01000116551</b> 1. Entity Name <b>PUBLIC RELATIONS BY SCHWEIKHART, INC.</b>			
Principal Place of Business <b>9735 TAVERNIER DRIVE BOCA RATON, FL 33496-2109</b>		Mailing Address <b>9735 TAVERNIER DRIVE BOCA RATON, FL 33496-2109</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		01152005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>22-3850950</b> Applied For <input type="checkbox"/> Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCHWEIKHART, GARY 9735 TAVERNIER DRIVE BOCA RATON, FL 33496-2109</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  UD00000187791 01/24/05-80031-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIKHART, GARY 9735 TAVERNIER DRIVE BOCA RATON, FL 334962109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Gary Schweikhart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/18/05 561-477-8294 <small>Date Daytime Phone</small>	