

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117963

Entity Name: CHAD SHULTZ, P.A.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

1309 ST JOHNS BLUFF RD, N.
SUITE 6
JACKSONVILLE, FL 32225

Current Mailing Address:

1309 ST JOHNS BLUFF RD, N.
SUITE 6
JACKSONVILLE, FL 32225

New Principal Place of Business:

1309 ST JOHNS BLUFF RD, N.
SUITE 7
JACKSONVILLE, FL 32225

New Mailing Address:

1309 ST JOHNS BLUFF RD, N.
SUITE 7
JACKSONVILLE, FL 32225

FEI Number: 59-3759999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULTZ, CHAD A
1309 ST JOHNS BLUFF RD, N.
SUITE 6
JACKSONVILLE, FL 32225

Name and Address of New Registered Agent:

SHULTZ, CHAD A
1309 ST JOHNS BLUFF RD, N.
SUITE 7
JACKSONVILLE, FL 32225

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: CHAD SHULTZ

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SHULTZ, CHAD A
Address: 1309 ST JOHNS BLUFF RD, N, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32225

Title: VTD () Delete
Name: SHULTZ, STEFANIE T
Address: 1309 ST JOHNS BLUFF RD, N, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: SHULTZ, TURNER A
Address: 1309 ST JOHNS BLUFF RD, N, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SHULTZ, CHAD A
Address: 1309 ST JOHNS BLUFF RD, N, SUITE 7
City-St-Zip: JACKSONVILLE, FL 32225

Title: VTD (X) Change () Addition
Name: SHULTZ, STEFANIE T
Address: 1309 ST JOHNS BLUFF RD, N, SUITE 7
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change () Addition
Name: SHULTZ, TURNER A
Address: 1309 ST JOHNS BLUFF RD, N, SUITE 7
City-St-Zip: JACKSONVILLE, FL 32225

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: CHAD SHULTZ

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date