2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# P01000117963

Entity Name: CHAD SHULTZ, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

112 EAST ADAMS STREET
JACKSONVILLE, FL 32202 US

Current Mailing Address:

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

New Mailing Address:

112 EAST ADAMS STREET
JACKSONVILLE, FL 32202 US

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 7
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

SHULTZ, CHAD A
112 EAST ADAMS STREET
JACKSONVILLE, FL 32202 US

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 A SHULTZ 02/28/2005
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 7
City-St-Zip: JACKSONVILLE, FL 32225

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: SHULTZ, CHAD A
Address: 112 EAST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VTD (X) Change ( ) Addition
Name: SHULTZ, STEFANIE T
Address: 112 EAST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

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: CHAD SHULTZ P 02/28/2005
Electronic Signature of Signing Officer or Director Date