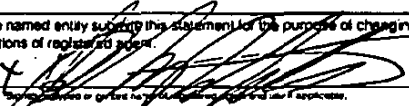
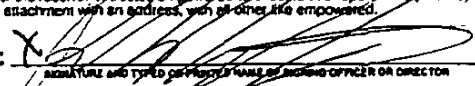


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

04-02-2008 90148 001 ***450.00

DOCUMENT # P02000018883			
1. Entity Name A. SCHWARTZ, INC.			
Principal Place of Business 796 ANDERSON DR. NAPLES, FL 34113		Mailing Address PO BOX 1414 MARCO ISLAND, FL 34146	
2. Principal Place of Business - No P.O. Box # 1090 27th Street SW Suite, Apt. #, etc.		3. Mailing Address 1090 27th Street SW Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34117		Country USA	
4. FEI Number 47-0867799		App'd For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWATZ, ANDREW 796 ANDERSON DR. NAPLES, FL 34113			
7. Name and Address of New Registered Agent Name: Andrew Schwartz Street Address (P.O. Box Number is Not Acceptable): 1090 27th Street SW City: Naples FL Zip Code: 34117			
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:  DATE: 4/20/08 (NOTE: Registered Agent signature required when necessary)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHWATZ, ANDREW 796 ANDERSON DR. NAPLES, FL 34113 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Andrew Schwartz 1090 27th Street SW Naples, FL 34117 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: 4/20/08 2398269562	