FILED
Jun 05, 2008 8:00 am
Secretary of State
04-02-2008 90148 001 ***450.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000018883

1. Entity Name
A. SCHWARTZ, INC.

Principal Place of Business	Mailing Address
796 ANDERSON DR. NAPLES, FL 34113	PO BOX 1414 MARCO ISLAND, FL 34146

03022008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1090 27th Street SW	1090 27th Street SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Fl	City & State: Naples, Fl
Zip: 34117 Country: USA	Zip: 34117 Country: USA

4. FEI Number: 47-0867799 ☐ Applied 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: X [signature] 4/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: PSTD NAME: SCHWATZ, ANDREW STREET ADDRESS: 796 ANDERSON DR. CITY-ST-ZIP: NAPLES, FL 34103	☐ Delete	TITLE: PSTD NAME: Andrew Schwartz STREET ADDRESS: 1090 27th Street SW CITY-ST-ZIP: Naples, Fl 34117	☒ 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: X [signature] 4/20/08 2398258562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #