

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000045863

1. Entity Name

SCHWARTZ MAINTENANCE CONSULTING, INC.



**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

7461 SE AUTUMN LANE  
HOBE SOUND FL 33455

Mailing Address

7461 SE AUTUMN LANE  
HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0428993

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, ROBERT B  
7461 SE AUTUMN LANE  
HOBE SOUND FL 33455

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	PTD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ROBERT B	
STREET ADDRESS	7461 SE AUTUMN LANE	
CITY- ST- ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

U000000222191  
02/09/05-80063-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Robert B. Schwartz*  
**ROBERT B. SCHWARTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-05

Date

772-220-998

Daytime Phone #