

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000006638

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** A.G. SCHWAB CRAFTSMANSHIP CORPORATION

**Current Principal Place of Business:**

803 M BARNETT DR.  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

803 BARNETT DR. M  
803 M  
LAKE WORTH, FL 33461

**Current Mailing Address:**

803 M BARNETT DR.  
LAKE WORTH, FL 33461

**New Mailing Address:**

803 BARNETT DR. M  
803 M  
LAKE WORTH, FL 33461

**FEI Number:** 45-0497827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWAB, GERMAN A  
3344 PERIMETER DR.  
GREENACRES, FL 33467 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHWAB, GERMAN A  
Address: 3344 PERIMETER DR.  
City-St-Zip: GREENACRES, FL 33467 US

I hereby 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 all other like empowered.

SIGNATURE: GERMAN A. SCHWAB

PRES

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date