

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90063 011 ***150.00

DOCUMENT # P03000015991					
1. Entity Name A.C. SCHULTES OF FLORIDA, INC.					
Principal Place of Business 664 S EVERGREEN AVE WOODBURY HEIGHTS, NJ 08097			Mailing Address 664 S EVERGREEN AVE WOODBURY HEIGHTS, NJ 08097		
2. Principal Place of Business 11865 US Highway 41 South		3. Mailing Address 11865 US Highway 41 South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004 Chg-P CR2E034 (10/03)	
City & State Gibsonton, FL		City & State Gibsonton, FL		4. FEI Number 14-1871196	
Zip 33534		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THALWITZER, KURT E MATEER & HARBERT, P.A. 225 E ROBINSON ST, STE 600 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name John T. O'Brien Street Address (P.O. Box Number is Not Acceptable) 1740 Amberwynd Circle City Palmetto FL Zip Code 34221		
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 <u>John T. O'Brien</u> <u>JOHN T. O'BRIEN, PRESIDENT</u> <u>1-6-04</u> (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, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME SCHULTES, AUGUST C III	☐ Delete	TITLE 	☐ Change ☐ Addition	
STREET ADDRESS 664 S EVERGREEN AVE	CITY-ST-ZIP WOODBURY HEIGHTS, NJ 08097		TITLE President	☐ Change ☒ Addition	
NAME 	STREET ADDRESS 	☐ Delete	NAME John T. O'Brien	☐ Change ☒ Addition	
CITY-ST-ZIP 			STREET ADDRESS 11865 US Highway 41 South	☐ Change ☒ Addition	
CITY-ST-ZIP 			CITY-ST-ZIP Gibsonton, FL 33534	☐ Change ☒ Addition	
TITLE 	NAME 	☐ Delete	TITLE Vice-President	☐ Change ☒ Addition	
STREET ADDRESS 			NAME August C. Schultes, IV	☐ Change ☒ Addition	
CITY-ST-ZIP 			STREET ADDRESS 664 S. Evergreen Ave.	☐ Change ☒ Addition	
CITY-ST-ZIP 			CITY-ST-ZIP Woodbury Heights, NJ 08097	☐ Change ☒ Addition	
TITLE 	NAME 	☐ Delete	TITLE 	☐ Change ☒ Addition	
STREET ADDRESS 			NAME Robert Schultes	☐ Change ☒ Addition	
CITY-ST-ZIP 			STREET ADDRESS 11865 US Highway 41 South	☐ Change ☒ Addition	
CITY-ST-ZIP 			CITY-ST-ZIP Gibsonton, FL 33534	☐ Change ☒ Addition	
TITLE 	NAME 	☐ Delete	TITLE Secretary/Treasurer	☐ Change ☒ Addition	
STREET ADDRESS 			NAME Jeffrey DeMatte	☐ Change ☒ Addition	
CITY-ST-ZIP 			STREET ADDRESS 664 S. Evergreen Ave.	☐ Change ☒ Addition	
CITY-ST-ZIP 			CITY-ST-ZIP Woodbury Heights, NJ 08097	☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>[Signature]</u>			1-6-04 856-845-5656		
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		