

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015991

FILED
Mar 09, 2005
Secretary of State

Entity Name: A.C. SCHULTES OF FLORIDA, INC.

Current Principal Place of Business:

11865 US HIGHWAY 41 SOUTH
GIBSONTOWN, FL 33534

New Principal Place of Business:

Current Mailing Address:

11865 US HIGHWAY 41 SOUTH
GIBSONTOWN, FL 33534

New Mailing Address:

FEI Number: 14-1871186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBRIEN, JOHN T
1740 AMBERWYND CIRCLE
PALMETTO, FL 34221 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHULTES, AUGUST C III
Address: 664 S EVERGREEN AVE
City-St-Zip: WOODBURY HEIGHTS, NJ 08097

Title: P () Delete
Name: OBRIEN, JOHN T
Address: 11865 US HWY 41 SOUTH
City-St-Zip: GIBSONTOWN, FL 33534

Title: VP () Delete
Name: SCHULTES, AUGUST C IV
Address: 664 S. EVERGREEN AVE
City-St-Zip: WOODBURY HEIGHTS, NJ 08097

Title: VP () Delete
Name: SCHUMN, ROBERT
Address: 11865 US HWY 41 SOUTH
City-St-Zip: GIBSONTOWN, FL 33534

Title: ST () Delete
Name: DEMOTHE, JEFFREY
Address: 664 S. EVERGREEN AVE
City-St-Zip: WOODBURY HEIGHTS, NJ 08097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: DEMATTE, JEFFREY
Address: 664 S. EVERGREEN AVE
City-St-Zip: WOODBURY HEIGHTS, NJ 08097

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY DEMATTE

ST

03/09/2005

Electronic Signature of Signing Officer or Director

Date