

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000015991

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



Principal Place of Business
**11865 US HIGHWAY 41 SOUTH
GIBSONTON, FL 33534**

Mailing Address
**11865 US HIGHWAY 41 SOUTH
GIBSONTON, FL 33534**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1871186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OBRIEN, JOHN T
1740 AMBERWYND CIRCLE
PALMETTO, FL 34221**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHULTES, AUGUST C III
664 S EVERGREEN AVE
WOODBURY HEIGHTS, NJ 08097**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OBRIEN, JOHN T
11865 US HWY 41 SOUTH
GIBSONTON, FL 33534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCHULTES, AUGUST C IV
664 S. EVERGREEN AVE
WOODBURY HEIGHTS, NJ 08097**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCHUMN, ROBERT
11865 US HWY 41 SOUTH
GIBSONTON, FL 33534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DEMATTE, JEFFREY
664 S. EVERGREEN AVE
WOODBURY HEIGHTS, NJ 08097**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000597905
01/24/07-80054-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2007

Date

856-845-5656

Daytime Phone #