

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015991

FILED  
Feb 05, 2010  
Secretary of State

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

**Current Principal Place of Business:**

11865 US HIGHWAY 41 SOUTH  
GIBSONTON, FL 33534

**New Principal Place of Business:**

**Current Mailing Address:**

11865 US HIGHWAY 41 SOUTH  
GIBSONTON, 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  
Name: SCHULTES, AUGUST C III  
Address: 664 S EVERGREEN AVE  
City-St-Zip: WOODBURY HEIGHTS, NJ 08097

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

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

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

Title: VP  
Name: SCHULTES, GREGORY L  
Address: 11865 US HIGHWAY 41 SOUTH  
City-St-Zip: GIBSONTON, FL 33534

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: JEFFREY DEMATTE

ST

02/05/2010

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

\_\_\_\_\_  
Date