


**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P03000029757**

1. Entity Name  
**BLUMENTHAL, SCHWARTZ & SAXE, P.A.**



Principal Place of Business  
**2323 S WASHINGTON AV  
 100  
 TITUSVILLE, FL. 32780**

Mailing Address  
**PO BOX 1657  
 TITUSVILLE, FL. 32781**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**02-0685392** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent  
**STADLER, RICHARD E  
 1820 GARDEN STREET  
 TITUSVILLE, FL. 32798**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending.)

**FILE NOW!!! FEE IS \$180.00  
 After May 1, 2008 Fee will be \$850.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be  
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLUMENTHAL, GABRIEL
STREET ADDRESS	412 BREVARD AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	D
NAME	SCHWARTZ, JOHN M
STREET ADDRESS	412 BREVARD AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

100000785026  
 01/16/08-20073-009-150.00

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

1-8-08 321-267-8613