

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90155 001 ***150.00

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1. Entity Name

SCHULTZ & KING DEVELOPING, INC.



Principal Place of Business

400 WEST STATE ROAD 434
OVIEDO, FL 32765 US

Mailing Address

PO BOX 620744
OVIEDO, FL 32762 US

DO NOT WRITE IN THIS SPACE



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number

38-3676754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, TODD D
10 WINDSORMERE WAY, SUITE 200
OVIEDO, FL 32765

**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
DPS
SCHULTZ, MICHAEL R
P.O. BOX 620496
OVIEDO, FL 32762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
KING, DONALD O
400 WEST STATE ROAD 434
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-07

407-359-7599