


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000043652		
1. Entity Name KRISTILYNN SCHAUBEL REAL ESTATE SALES INC		
Principal Place of Business 1673 SW GEMINI LANE PORT ST. LUCIE, FL 34984	Mailing Address 1673 SW GEMINI LANE PORT ST. LUCIE, FL 34984	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCHAUBEL, KRISTILYNN 1673 SW GEMINI LANE PORT ST. LUCIE, FL 34984		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAUBEL, KRISTILYNN 1673 SW GEMINI LANE PORT SAINT LUCIE, FL 34984	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Kristilynn Schaubel</u> <u>Kristilynn Schaubel</u> <u>4-26-05</u> <u>7723709609</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0514176	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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04/29/05-80133-018 158.75

DO NOT WRITE
IN THIS SPACE