

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90032 030 \*\*\*150.00

**DOCUMENT # P03000114062**

1. Entity Name  
**ROBERT C. SCHULTZ INC.**



Principal Place of Business  
**16220 SW 280TH ST.  
HOMESTEAD, FL 33031**

Mailing Address  
**16220 SW 280TH ST.  
HOMESTEAD, FL 33031**

2. Principal Place of Business

**17378 SW 266 Terrace**

Suite, Apt. #, etc.

3. Mailing Address

**17378 SW 266 Terrace**

Suite, Apt. #, etc.

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number

**34-1984663**

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

**HOMESTEAD FLA**

City & State

**HOMESTEAD FLA**

Zip

**33031**

Country

**USA**

Zip

**33031**

Country

**USA**

6. Name and Address of Current Registered Agent

**TICE, JAMES E  
16220 SW 280TH ST.  
HOMESTEAD, FL 33031**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SCHULTZ, ROBERT C**  
CITY-ST-ZIP **30 CHANNEL CAY DR.  
KEY LARGO, FL 33037**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add  
NAME **P/D Robert C. Schultz**  
STREET ADDRESS **17378 SW 266 Terrace**  
CITY-ST-ZIP **HOMESTEAD FLA. 33031**

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address, with all other like empowered.

**Robert C. Schultz**