

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90033 028 \*\*\*150.00

**DOCUMENT # P03000114062**

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



Principal Place of Business  
**17378 SW 266 TERR.  
 HOMESTEAD, FL 33031**

Mailing Address  
**17378 SW 266 TERR.  
 HOMESTEAD, FL 33031**

**60018897**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>34-1984663</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	PD SCHULTZ, ROBERT C 17378 SW 266 TERR. HOMESTEAD, FL 33031
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 empowerers.

SIGNATURE: *Robert Schultz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/07* *305 245 9676*  
 Date Daytime Phone #