

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90048 008 ***150.00

DOCUMENT # P03000125223

1. Entity Name

DENNIS W. SCHULTZ, INC.



Principal Place of Business

18120 ROYAL HAMMOCK BLVD
NAPLES FL 34114

Mailing Address

18120 ROYAL HAMMOCK BLVD
NAPLES FL 34114

2. Principal Place of Business

18120 Royal Hammock Blvd

Suite, Apt. #, etc.

3. Mailing Address

18120 Royal Hammock Blvd

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Naples, FL

Zip

34114

Country

Collier

City & State

Naples, FL

Zip

34114

Country

Collier

4. FEI Number

54-2135541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, DENNIS W
18120 ROYAL HAMMOCK BLVD
NAPLES FL 34114

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-22-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
PSTD
SCHULTZ, DENNIS W
18120 ROYAL HAMMOCK BLVD
NAPLES FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VARGAS, JOSE
314 PORTER ST
NAPLES FL 34113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARMANZA, JUAN
2862 PINE ST, APT 10
NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04

DATE

239-538-4115

Daytime Phone #