## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90319 016 ***150 00

Mailing Address   Mailing Ad	DOCUMENT # P03000125223  1. Entity Name DENNIS W. SCHULTZ, INC.								03-11-2005 90319 016 ***150.00			
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   A FEI Number   SA-2135541   Red Applead For SA-21355541   Red Applead For SA-21355541   Red Applead For SA-21355541   Red	18120 ROYAL HAMMOCK BLVD			18	18120 ROYAL HAMMOCK BLVD			I DESTRUCT	n karkê min bikil êsin dir			
City & State  A. Fill Number  S4-2135541  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  SCHULTZ, DENNIS W  18120 ROYAL HAMMOCK BLVD  NAPLES, FL 34114  City FLL Nowwin Field is install purpose of changing its registered diffice or registered agent, or both, in the State of Poricta. I run familiar with, and accept the obligations of registered agent.  SCHALTZE  Speaks, fleet is installed agent and the september.  Figure. Nowwin Field is installed agent and the september.  Figure. Nowwin Field is installed agent agent and a september.  Figure. Nowwin Field is installed agent a	2. Principal Place of Business			3, 1	3. Mailing Address							
Scheduling   September   Sep	Suite, Apt. #, etc.			-	Suite, Apt. #, etc.			03052005	Chg-P	CR2E0	34 (10/03)	
S. Centricated of Status Desired   Fee Required   S. Centricated of Status Desired   Fee Required   S. CHULTZ, DENNIS W   18120 ROYAL HAMMOCK BLVD   NAPLES, FL 34114   City   FL   Zip Code   S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Poolda. I am fermisar with, and accept the obligations of registered agent.  SIGNATURE   SIGNATURE   Signate, injured or preserversed degree agent and the 6 specials.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda. I am fermisar with, and accept the obligations of registered agent.   SIGNATURE   Signate, injured or preserversed degree agent and the 6 specials.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda. I am fermisar with, and accept the obligations of registered agent.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda. I am fermisar with, and accept the obligations of registered agent.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda. I am fermisar with, and accept the obligations of registered agent.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda. I am fermisar with, and accept the obligations of registered agent.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda. I am fermisar with, and accept the fee agent agent, or both, in the State of Poolda.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda.   SIGNATURE   OPTIC Registered Agent agent, or both, in the State of Poolda   SIGNATURE   OPTIC Registered Agent agent are adequated by the state agent agent agent and the state agent age	City & State			(	City & State					<b>———</b>		
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Sireet Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name	and Address of Current	Regist	tered Agent		Name	7. Name and	d Address of New F	legistared /	Agent	
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 framiliar with, and accept the obligations of registered agent.  SIGNATURE:    Signature   Si	18120 ROYAL HAMMOCK BLVD						Street Address (P.O. Box Number is Not Acceptable)					
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 Florids. I ran familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE	HAPLES, FL 34114						City			E1	Zip Cod	е
SIGNATURE    Symbox				or the p	urpose of changing its	registere	Led office or regis	stered agent, or bo	oth, in the State of Flo		familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.	SIGNATURE											
After May 1, 2015 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   SCHULTZ, DENNIS W   STRET ADDRESS   18120 ROYAL HAMMOCK BLVD   STRET ADDRESS   18120 ROYAL HAMMOCK BLVD   Debte   MAKE   STRET ADDRESS   18120 ROYAL HAMMOCK BLVD   Debte   TITLE   WARE   Change   Addition   ADDITIONS/CHANGES   ADDITIONS/CHANGES   Addition   ADDITIONS/CHANGES   ADDITIONS/CHANGES   Addition   Addition   ADDITIONS/CHANGES   Addition   Addition   ADDITIONS/CHANGES   ADDITIONS/CHANGES   Addition   Addition   ADDITIONS/CHANGES   Addition   Addition   ADDITIONS/CHANGES   Addition   ADDITIONS/CHANGES   Addition   ADDITIONS/CHANGES   Addition   ADDITIONS/CHANGES   Addition   ADDITIONS/CHANGES   Addition   ADDITIONS/CHANGES   ADDITIONS   Addition   ADDITIONS/CHANGES   ADDITIONS   Addition   ADDITIONS/CHANGES   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS/CHANGES   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS   ADDITIONS/CHANGES   ADDITIONS   ADDIT												
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ARMANZA, JUAN STREET ADDRESS CITY-ST-ZP NAPLES, FL 34104  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET	TITLE NAME STREET ADDRESS	D VARGAS 314 POR	, JOSE TER ST		☐ Defete	TITLE NAME STRE	E Et adoress				☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE 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 of 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:	NAME STREET ADDRESS				☐ Delete	NAM STRE	ET ADDRESS				☐ Change	Addition
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SIGNATURE: LEW WILL THE BLOSS 3-8-05	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 of 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 jan address, with all other like empowered:											
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