

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

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.

City & State

Naples, FL

Zip
34114

Country
USA

City & State

Naples, FL

Zip
34114

Country
USA

10132005 Chg-P CR2E034 (10/03)



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT 25 AM 10:50

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

7. Name and Address of New Registered Agent

SCHULTZ, DENNIS W
18120 ROYAL HAMMOCK BLVD
NAPLES, FL 34114

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 restating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
JUAN PEREZ
2180 52nd Terr S.W.
Naples, FL 34116

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VARGAS, JOSE
314 PORTER ST
NAPLES, FL 34113

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2000060921162
10/25/05--01054--007 **61.25

Change Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

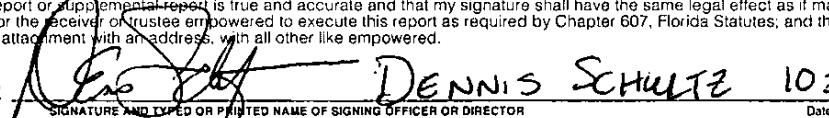
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:


DENNIS SCHULTZ 10-20-05 239-530-4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #