

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

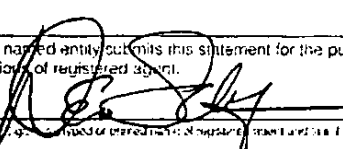
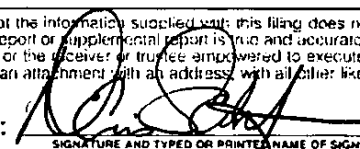
FILED
Apr 21, 2008 8:00 am
Secretary of State

04-01-2008 90009 017 ***150.00

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1st MOORE CR2E034 (10/07)



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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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 obligation of registered agent.					
SIGNATURE 				DATE 3-17-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCHULTZ, DENNIS W		NAME		
STREET ADDRESS	18120 ROYAL HAMMOCK BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34114		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VARGAS, JOSE		NAME		
STREET ADDRESS	314 PORTER ST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34113		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PEREZ, JUAN		NAME		
STREET ADDRESS	2180 52ND TERR, S.W.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.					
SIGNATURE: 			DENNIS Schultz 4/18/08 239-530-4115 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number		