


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90312 041 ***150.00

DOCUMENT # P03000148857

1. Entity Name
FRANK W. SCHOLZ, P.A.



Principal Place of Business Mailing Address

~~4820 N HWY 19A, STE 2~~ ~~4820 N HWY 19A, STE 2~~
~~MT DORA, FL 32757~~ ~~MT DORA, FL 32757~~

2. Principal Place of Business 3. Mailing Address

2430 S. BAY ST. **2430 S. BAY ST.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

EUSTIS, FL **EUSTIS, FL**

Zip Country Zip Country

32726 **32726** **32726**



03262005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

57-1197173 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

SCHOLZ, FRANK W Name

~~4820 N HWY 19A, STE 2~~ Street Address (P.O. Box Number is Not Acceptable)

~~MT DORA, FL 32757~~ **2430 S. BAY ST.**

City **EUSTIS** FL Zip Code **32726**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOLZ, FRANK W			NAME			
STREET ADDRESS	4820 N HWY 19A, STE 2			STREET ADDRESS	2430 S. BAY ST.		
CITY-ST-ZIP	MT DORA, FL 32757			CITY-ST-ZIP	EUSTIS, FL 32726		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **FRANK W. SCHOLZ** Date: _____ Daytime Phone #: **(352) 587-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #