

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90001 044 \*\*\*150.00

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<b>DOCUMENT # P04000024889</b> 1. Entity Name <b>J.S. SCHULTZ GENERAL CONTRACTOR, INC.</b>																																					
Principal Place of Business <b>13072 ISABELLA TERRACE DELRAY BEACH, FL 33446</b>			Mailing Address <b>601 N CONGRESS AVE. SUITE 603 DELRAY BEACH, FL 33446</b>																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>13072 ISABELLA TERR</b> <b>DELRAY BEACH</b> City & State <b>FLORIDA</b> Zip <b>33346</b> Country <b>USA</b>																																			
City & State <b>FLORIDA</b>		4. FEI Number <b>20-0718032</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																	
Zip <b>33346</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																			
6. Name and Address of Current Registered Agent  <b>SHELOWITZ, MARC A ESQ 1801 PERIMETER ROAD SUITE 180 FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																		
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 <span style="float: right;">3/24/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PSTV SCHULTZ, JOEL S 601 N. CONGRESS AVE, SUITE 603 DELRAY BEACH, FL 33446</b> <input checked="" type="checkbox"/> Delete           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTV SCHULTZ, JOEL S 601 N. CONGRESS AVE, SUITE 603 DELRAY BEACH, FL 33446</b> <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PSTV SCHULTZ, JOEL S 13072 ISABELLA TERR DELRAY BEACH FL 33446</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTV SCHULTZ, JOEL S 13072 ISABELLA TERR DELRAY BEACH FL 33446</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.  <b>SIGNATURE:</b> <span style="float: right;">3/24/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					

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