

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000041216**

**1. Entity Name**  
**SHINDIGS & SHEBANGS VIDEO COMPANY**



**Principal Place of Business**  
**17746 50TH STREET NORTH**  
**LOXAHATCHEE, FL 33470 US**

**Mailing Address**  
**17746 50TH STREET NORTH**  
**LOXAHATCHEE, FL 33470 US**

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**27-0083150**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BARRA, RICHARD K**  
**4400 PGA BOULEVARD**  
**SUITE 800**  
**PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

**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 reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DPT**  
**SCHUTZER, ROBERT**  
**17746 50TH STREET NORTH**  
**LOXAHATCHEE, FL 33470**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DVS**  
**SCHUTZER, KAREN**  
**17746 50TH STREET NORTH**  
**LOXAHATCHEE, FL 33470**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

000000435686  
02/27/06-80002-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

*Karen Schutzer VP*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*2-13-06*  
**DATE**

*561-753-0904*  
**Daytime Phone #**