2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2007 8:00 am DOCUMENT # P04000057640 Secretary of State 1. Entity Name 02-12-2007 90113 004 \*\*\*158.75 TERESA M. SCHULZ, INC. Principal Place of Business Mailing Address 17249 CAPRI DR. 17249 CAPRI DR. FT. MYERS FL 33967 FT. MYERS FL 33967 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 27-0086215 City & State Applied For City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\bowtie$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENLEY, TERESA M Street Address (P.O. Box Number is Not Acceptable) -3490 CORANA WAY 17249 Capa NAPLES FL 34105 Fort myers Zip Code 33967 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 3 Signature, typed or printed name of registered agent and fille if applic (NOTE: Registered Agent signature renuired when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. President 701E Delete IIII Change Addition Teresa M. Schulz HENLEY, TERESA M NAME MALAI 3490 CORANA WAY 17249 Capri Drise STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY - ST - Z(P CHY SI ZIP FORT MYERS FL 11111 Delete HILL ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY SI ZIP THE ☐ Delete THE ☐ Change ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY ST ZIP Defete □ Change ☐ Addition STRUCT ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST 78P ☐ Change Addition Delete NAMI STRUCT ADDRESS STREET ADORESS CHY ST-719 CITY ST /IP ☐ Delete шш Change Addition NAMI 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 eath; 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.

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