


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90364 024 ***150.00

DOCUMENT # P04000076765

1. Entity Name
MICHAEL G SCHUTTIG INC



Principal Place of Business Mailing Address
 220 NATURE VIEW CT. 220 NATURE VIEW CT.
 FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931

2. Principal Place of Business 3. Mailing Address
15970 Bayside Pointe West *15970 Bayside Point West*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 304 304

City & State City & State
Ft. Myers FL. *Ft. Myers FL.*
 Zip Country Zip Country
 33908 US 33908 US



4. FEI Number Applied For
51-0508724 Not Applicable

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

6. Name and Address of Current Registered Agent
 DALLAS, EDWARD A
 17274 SAN CARLOS BLVD.
 #202
 FORT MYERS BEACH, FL 33931

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 obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHUTTIG, MICHAEL D 220 NATURE VIEW CT. FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: *Michael G. Schuttig* *Michael G. Schuttig* *4/16/05* *(239)437-8973*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #