2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000076765

1. Entity Name
MICHAEL G SCHUTTIG INC

Principal Place of Business	Mailing Address
2538 S.W. 29 TER.	2538 S.W. 29 TER.
CAPE CORAL, FL 33914	CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

04132008   No Chg-P   CR2E034 (11/05)

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

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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	U00000903032 04/30/08-80029-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHUTTIG, MICHAEL G
STREET ADDRESS	2538 S.W. 29 TER.
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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.

SIGNATURE: _Michael G Schuttig_   4/15/08   239-362-7005

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