

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083517

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: SCHWEITZER CREATIVE INC

## Current Principal Place of Business:

1738 ANNANDALE CIRCLE  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

11440 OKEECHOBEE BLVD  
ROYAL PALM BEACH, FL 33411

## Current Mailing Address:

1738 ANNANDALE CIRCLE  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

11440 OKEECHOBEE BLVD  
ROYAL PALM BEACH, FL 33411

FEI Number: 20-1172042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICHAEL J MCGOEY CPA INC  
639 EAST OCEAN AVE  
SUITE 101  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHWEITZER, JASON  
Address: 1738 ANNANDALE CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON SCHWEITZER

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02/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date