

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090840

Entity Name: SCHANTZ AND SCHANTZ PA

FILED  
Jan 16, 2006  
Secretary of State

## Current Principal Place of Business:

1565 N PARK DR - STE 100  
WESTON, FL 33326

## New Principal Place of Business:

1555 N PARK DR - STE 103  
WESTON, FL 33326

## Current Mailing Address:

1565 N PARK DR - STE 100  
WESTON, FL 33326

## New Mailing Address:

1555 N PARK DR - STE 103  
WESTON, FL 33326

FEI Number: 20-1249700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHANTZ, HALE  
1565 N PARK DR - STE 100  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

SCHANTZ, HALE  
1555 N PARK DR - STE 103  
WESTON, FL 33326 US

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:

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: SCHANTZ, LAURA  
Address: 1565 N PARK DR - STE 100  
City-St-Zip: WESTON, FL 33326

Title: VPD ( ) Delete  
Name: SCHANTZ, HALE  
Address: 1565 N. PARK DRIVE- STE 100  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: SCHANTZ, LAURA  
Address: 1565 N PARK DR - STE 103  
City-St-Zip: WESTON, FL 33326

Title: VPD (X) Change ( ) Addition  
Name: SCHANTZ, HALE  
Address: 1555 N. PARK DRIVE- STE 103  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LAURA SCHANTZ

PSD

01/16/2006

Electronic Signature of Signing Officer or Director

Date