

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90101 023 ***150.00

DOCUMENT # P04000143725	
1. Entity Name CHAD J. SCHATZLE, P.A.	



Principal Place of Business 1025 KANE CONCOURSE SUITE 203 BAY HARBOR ISLANDS, FL 33154	Mailing Address 1025 KANE CONCOURSE SUITE 203 BAY HARBOR ISLANDS, FL 33154
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50011678

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042005 Chg-P CR2E034 (10/03)

4. FEI Number 54-2161446	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SCHATZLE, CHAD J ESQ. 1025 KANE CONCOURSE SUITE 203 BAY HARBOR ISLANDS, FL 33154		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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHATZLE, CHAD J ESQ.		NAME	
STREET ADDRESS 1025 KANE CONCOURSE SUITE 203		STREET ADDRESS	
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP	
TITLE President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schatzle Chad J. Esq.		NAME	
STREET ADDRESS 1025 Kane Concourse, Suite 203		STREET ADDRESS	
CITY-ST-ZIP Bay Harbor Islands, FL 33154		CITY-ST-ZIP	
TITLE Vice-President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schatzle Chad J. Esq.		NAME	
STREET ADDRESS 1025 Kane Concourse, Suite 203		STREET ADDRESS	
CITY-ST-ZIP Bay Harbor Islands, FL 33154		CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schatzle, Chad J. Esq.		NAME	
STREET ADDRESS 1025 Kane Concourse, Suite 203		STREET ADDRESS	
CITY-ST-ZIP Bay Harbor Islands, FL 33154		CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schatzle, Chad J. Esq.		NAME	
STREET ADDRESS 1025 Kane Concourse, Suite 203		STREET ADDRESS	
CITY-ST-ZIP Bay Harbor Islands, FL 33154		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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: *Chad J. Schatzle* **2/2/05 305-868-5369**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #