

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000023189

1. Entity Name
SCHWEITZ DEVELOPMENT & CONSTRUCTION CO., INC.



Principal Place of Business
400 SW 48TH ST. RD.
OCALA, FL 34474 US

Mailing Address
400 SW 48TH ST. RD.
OCALA, FL 34474 US



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2548821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470

**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 restateing) 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

U000000333919

05/23/08-80011-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D. P.
NAME	SCHWEITZ, FRED
STREET ADDRESS	400 SW 48TH ST. RD.
CITY- ST- ZIP	OCALA, FL 34474

TITLE	VP
NAME	SCHWEITZ, FRED
STREET ADDRESS	400 SW 48TH ST. RD.
CITY- ST- ZIP	OCALA, FL 34474

TITLE	S.T
NAME	SCHWEITZ, FRED
STREET ADDRESS	400 SW 48TH ST. RD.
CITY- ST- ZIP	OCALA, FL 34474

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08 352/237-6149
Date Daytime Phone #