2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000143307

1. Entity Name

GARY SCHWARTZ MANAGEMENT CO.



FILED Feb 02, 2007 8:00 am Secretary of State

02-02-2007 90010 047 ***150.00

Principal Place of Business 6990 74TH ST CIR E BRADENTON FL 34203 US		Mailing Address 8707 SKOKIE BLVD 400 SKOKIE IL 60077 US								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc			1st MOORE CR2E034 (10/06)					
Cily & State		City & State			4. FEI Numb	oer 20-366065	9		pplied For	
Zip	Country	Zip	Country		5. Certificate	o of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New R	egistered A	gent		
SCHWARTZ, GARY			Name							
699	10 74TH ŚT CIR E ADENTON FL 34203		Street Address ((P.O. Box Number is Not Acceptable)				
			City					7in Cod	lo.	
							FL	Zip Cod		
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	registored office of	r register	ed agent, or bo	oth, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typted or printed name of registered agent	and title r applicable. (NOT)	E-Registered Agent signa	lure required	when reinstaling)		DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of					9. Election Campa Trust Fund Con	_		00 May Be	
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	
TITLE NAME STRFE1 ADDRESS CITY-SI-ZIP	PRES SCHWARTZ, GARY 6990 74TH ST CIR E BRADENTON FL 34203	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP					Change	☐ Addition	
TITLE	SEC SCHWARTZ, GARY	☐ Delete	TITLE NAME				•	Change	Addition	
STREET ADORESS CITY+ST-ZIP	7735 WHITEBRIDGE GLEN UNIVERSITY PARK FL 34201		STREET ADORESS CITY ST-ZIP	699	0 744	ST, CIR E FL. 34+03	ł			
TITLE NAME	TREA SCHWARTZ, GARY	Delete	TITLE.				ز	Change	Addition	
STREET ADDRESS CITY_ST-ZIP	7735 WHITEBRIDGE GLEN UNIVERSITY PARK FL 34201		SIREET ADDRESS CITY - ST - ZIP			FL 34vo				
IIII E		Delete	MTE	1904	4068 1014	, , , , , , , ,		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY+S1+ZIP			CITY · ST · ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[Change	Addition	
TITLE NAME		☐ Delete	DTU NAME]	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			SIREET ADDRESS CHY-ST-ZIP							
	certify that the information supplied with	h this filing does not qualify for		Jcontained	d in Section 11	9, Florida Statutes. I	further certif	y that the i	nformation	

12. I heroby certify that the information supplied with this filing does not qualify for the oxemptions contained in Section 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 eath; 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

1/26/0-

847-902-041