


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

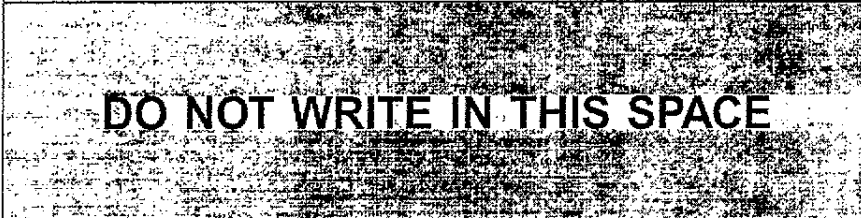
**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000000491  
 1. Entity Name  
 RICHARD C. SCHULTHEIS, P.A.



Principal Place of Business  
 911 WEST DIXIE AVENUE  
 LEESBURG, FL 34748

Mailing Address  
 911 WEST DIXIE AVENUE  
 LEESBURG, FL 34748



04192006 No Chg-P CR2E034 (11/05)

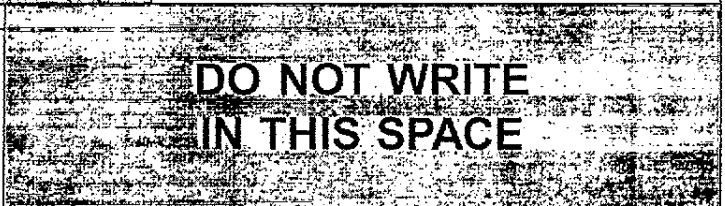
4. FEI Number  
 59-3216170

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTHEIS, RICHARD C  
 911 WEST DIXIE AVENUE  
 LEESBURG, FL 34748



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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

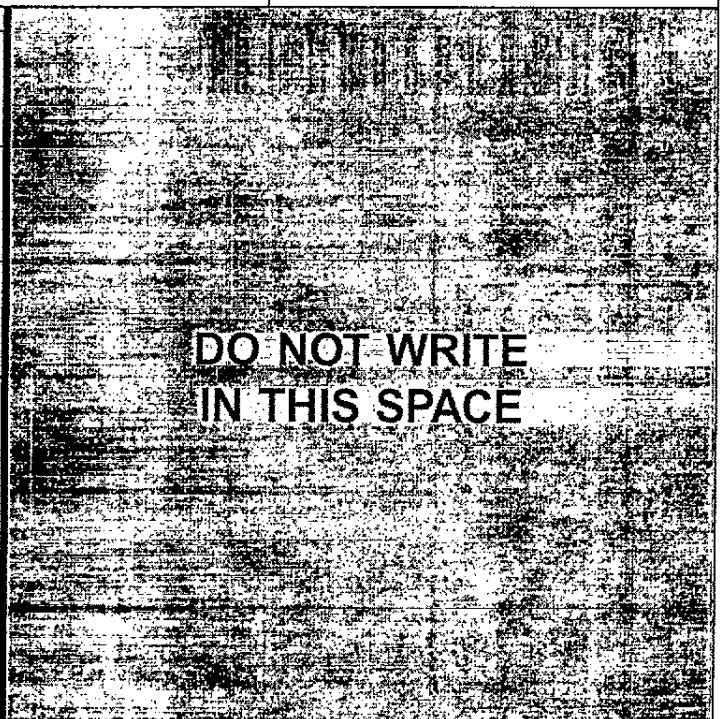
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be Added to Fees

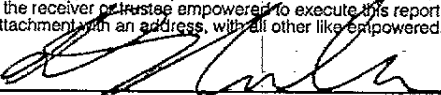
U00000552144  
 05/13/06-20128-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHULTHEIS, RICHARD C
STREET ADDRESS	911 WEST DIXIE AVENUE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



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

4/28/06 (352) 326-5000  
 Date Day/Time Phone #