


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000018619 1. Entity Name SCHLATTER INVESTMENTS, INC.	
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Principal Place of Business
13015 LOBLOLLY LANE SOUTH
JACKSONVILLE, FL 32246

Mailing Address
13015 LOBLOLLY LANE SOUTH
JACKSONVILLE, FL 32246



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3367562	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHLATTER, ROBERT G
13015 LOBLELLY LANE S
JACKSONVILLE, FL 32246

**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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000101951
04/02/04 00034 013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERT G. SCHLATTER 13015 LOBLOLLY LANE JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RENEE W. SCHLATTER 13015 LOBLOLLY LANE JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C JOHN J. CAVIN 13015 LOBLOLLY LANE JACKSONVILLE, FL 32246
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 exemption stated in Section 119.07(3)(f), 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: *Robert Schlatter* Robert Schlatter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04 (904) 733-6388
Date Daytime Phone #