2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P96000046512** 1. Entity Name DONALD O. SCHULTZ, P.A. Mailing Address Principal Place of Business 9500 LISTOW TERRACE 9500 LISTOW TERRACE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0682560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SCHULTZ, DONALD O ESQ. 9500 LISTOW TERRACE BOYNTON BEACH, FL 33437 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. (SOTE, Registered Agent agniture required when remaining) DATE Signature, typed or printed name of registered agent end title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 U00000120024 OFFICERS AND DIRECT 10. TITLE SCHULTZ, DONALD O NAME 9500 LISTOW TERRACE STREET ADDRESS CRY-ST-ZP BOYNTON BEACH, FL 33437 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CAY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-57-ZP BILE NAME STREET ADDRESS 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)(1), 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: Afron

BILE NAME STREET ADDRESS