

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90002 042 \*\*\*150.00

DOCUMENT # P96000046512

1. Entity Name  
DONALD O. SCHULTZ, P.A.



Principal Place of Business  
~~9500 LISTOW TERRACE~~  
BOYNTON BEACH, FL 33437

Mailing Address  
~~9500 LISTOW TERRACE~~  
BOYNTON BEACH, FL 33437

60012933



2. Principal Place of Business

2755 S. BAY ST

3. Mailing Address

2755 S. BAY ST.

Suite, Apt. #, etc.

SUITE H.

Suite, Apt. #, etc.

SUITE H.

City & State

EUSTIS, FLORIDA

City & State

EUSTIS, FLORIDA

Zip

32726

Country

LAKE

Zip

32726

Country

LAKE

01272006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0682560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, DONALD O ESQ.  
~~9500 LISTOW TERRACE~~  
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name DONALD O. SCHULTZ P.A.

Street Address (P.O. Box Number is Not Acceptable)

2755 SOUTH BAY STREET

SUITE H

City EUSTIS

FL

Zip Code 32726

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

*Donald O. Schultz P.A.*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/2/06  
DATE

**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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME SCHULTZ, DONALD O ☐ Delete  
STREET ADDRESS 9500 LISTOW TERRACE 2755 S BAY ST.  
CITY-ST-ZIP BOYNTON BEACH, FL 33437 SUITE H 32726  
EUSTIS FL 32726

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Donald O. Schultz P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DONALD O. SCHULTZ P.A.

2/2/06  
Date

352  
589-2380  
Daytime Phone #



ATTACHMENT  
60012933

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

DONALD O. SCHULTZ, P.A.  
2755 South Bay Street, Suite H  
Eustis, FL 32726

SUBJECT: DONALD O. SCHULTZ, P.A.  
Ref. Number: P96000046512

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR  
OPS

Letter Number: 506A00006513

ATTACHMENT

66012933

#P96000046512

DONALD O. SCHULTZ, P.A.

2755 South Bay Street, Suite H  
Eustis, Florida 32726

(352)-589-2380 Fax (352) 589-4683

PLEASE NOTE CHANGE OF  
ADDRESS.