


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000028125
 1. Entity Name
 HERBERT B. SCHEVITZ ASSOCIATES, INC.



Principal Place of Business Mailing Address
 152 MARSHSIDE DRIVE 152 MARSHSIDE DRIVE
 SAINT AUGUSTINE, FL 32084 SAINT AUGUSTINE, FL 32080

U00000469233
 03/25/06-80020-024 150.00



DO NOT WRITE IN THIS SPACE

02262006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3433526 Not Applicable

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

8. Name and Address of Current Registered Agent
 SCHEVITZ, HERBERT B
 152 MARSHSIDE DR.
 ST AUGUSTINE, FL 32080

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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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCHEVITZ, HERBERT B 152 MARSHSIDE DR. ST AUGUSTINE, FL 32080
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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 Herbert B. Schevitz HERBERT B. SCHEVITZ 03-19-06 (904) 540-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #