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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000062002

1. Entity Name
A-PLUS2 REAL ESTATE, INC.



FILED

04 MAY 26 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8698 COMMERCE ST
SUITE A
CAPE CANAVERAL, FL 32920

Mailing Address
170 FLAGLER LANE
SUITE B
COCOA BEACH, FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06012004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3524269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, RICHARD T
170 FLAGLER LANE
SUITE B
CAPE CANAVERAL, FL 32931

Name

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

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOMBARDO, TERESA
520 WHISPERING PINES
MELBOURNE, FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100037801021
06/09/04--01043--012 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SCHULTZ, RICHARD T
170 FLAGLER LANE SUITE B
COCOA BEACH, FL 32931 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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 exemption stated in Section 119.07(3)(i), 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

See Attach

Date

Daytime Phone: #

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Division of Corporations

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Document Number
P98000062002
 Business Entity Name
A-PLUS2 REAL ESTATE, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number **593524269**
 FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current
 Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address **8698 COMMERCE ST**
 Suite, Apt. #, etc. **SUITE A**
 City, State **CAPE CANAVERAL FL**
 Zip Code & Country **32920**

Mailing Address

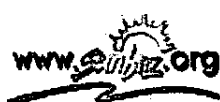
Address **170 FLAGLER LANE**
 Suite, Apt. #, etc. **SUITE B**
 City, State **COCOA BEACH FL**
 Zip Code & Country **32931**

Name And Address of Registered Agent

Name (Last, First, Middle, Title) **SCHULTZ RICHARD T**
 -or- RA Business Name
 Address **170 FLAGLER LANE**
 Suite, Apt. #, etc. **SUITE B**
 City, State **CAPE CANAVERAL FL**
 Zip Code & Country **32931 US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

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Division of Corporations

Annual Report

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Document Number
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 Business Entity Name
A-PLUS2 REAL ESTATE, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State

Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue

Reset

Start Over

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