
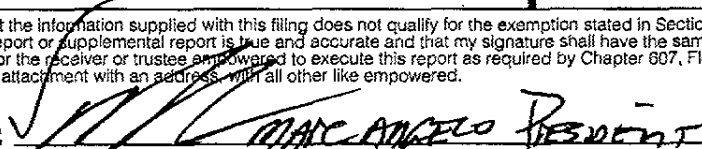


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S07951</b> 1. Entity Name <b>SCHULTZ/ANGELO GROUP, INC.</b>		
Principal Place of Business <b>11363-300 SAN JOSE BLVD. JACKSONVILLE, FL 32223</b>		Mailing Address <b>11363-300 SAN JOSE BLVD. JACKSONVILLE, FL 32223</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HIEB, E. ALLEN, JR. 13 GULF LIFE DRIVE SUITE 800 JACKSONVILLE, FL 32207</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>U000000115639 04/16/04-80031-011 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SCHULTZ, JOHN R. 1823 SEMINOLE RD. JACKSONVILLE, FL 32205</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ANGELO, MARC C. 2646 SIMS COVE LN JACKSONVILLE, FL 32223</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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)(l), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-8-04 904-268-2247</b> <small>Date Daytime Phone #</small>