

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90004 015 ***150.00

DOCUMENT # S32218 1. Entity Name SCHLESINGER ADVERTISING, INC.					
Principal Place of Business 501 GOODLEFFE RD N., B-206 NAPLES, FL 34102 US			Mailing Address P.O. BOX 10024 NAPLES, FL 34101 US		
2. Principal Place of Business		3. Mailing Address 501 Goodlette Rd N Suite, Apt. #, etc. B206			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07082004 Chg-P CR2E034 (10/03)	
City & State		City & State Naples, FL		4. FEI Number 65-0251225	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHLESINGER, JEFF 999 NINTH STREET SUITE 204 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Jeff Schlesinger Street Address (P.O. Box Number is Not Acceptable) 501 Goodlette Rd N, Suite B206 City Naples FL Zip Code 34102		
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 (NOTE: Registered Agent signature required when reinstating) 7/9/04					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SCHLESINGER, JEFF 501 GOODLEFFE RD N., B-206 NAPLES, FL 341025473	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 7/9/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment
532218
44048436



**SCHLESINGER
ADVERTISING**

Rd.
Naples
schlesad
Fax: (239) 267

July 9, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern: _____

We request that the late charge of \$400.00 for renewing our corporation be waived. On July 8th 2004 we were contacted by our previous accountant stating that there was a postcard sent to their P.O. Box in our name notifying us of the Division's intent to dissolve our corporation. They faxed us a copy of the post card, which we have enclosed. Prior to this we had not received notice that it was time to renew or that we were late in renewing our corporation.

This is the first time we have had a problem with renewal and considering that we did not receive the original post card reminder, we hope you will understand our request for waiving the late fee. Thank you for your cooperation and consideration in this matter.

Respectfully,

Jeff Schlesinger
President

JS/cr

CC: James W. Walker, P.A.

Encl: Copy of Post Card; Check for \$150; 2004 Application for Renewal

Handwritten notes at the bottom of the page, mostly illegible due to blurring.

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S32218
44048436



Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

PLACE
PROPER
POSTAGE
HERE
BEFORE
MAILING



- Allow 10-14 business days for delivery
- Return attached postcard to receive form by mail
- OR
- No credit card information required
- Immediately download preprinted form from www.sunbiz.org



OPTION 2 - Submit form and check by mail

- Visit www.sunbiz.org. It's faster and easier!
- Available 24 hours a day, 7 days a week
- Mastercard, Visa or American Express accepted
- Free public access to the Internet is available at your local public library.



OPTION 1 - File Online (recommended)

IMPORTANT NOTICE
The information on this form is for informational purposes only. It is not intended to be used as a legal document. The information on this form is for informational purposes only. It is not intended to be used as a legal document. The information on this form is for informational purposes only. It is not intended to be used as a legal document.

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FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0322054 01 AT 0.185 **AUTO T2 0 1203 34101-0024



SCHLESINGER ADVERTISING, INC.

P.O. BOX 10024

NAPLES FL 34101-0024

262 3145

To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # S32218

Mail Report to:

SCHLESINGER ADVERTISING, INC.

P.O. BOX 10024

NAPLES FL 34101-0024

