2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90024 024 ***158.75

DOCUMENT # P05000080813

1. Entity Name
KELLY JEAN SCHUPFER P.A.

Principal Place of Business	Mailing Address
1619 E. CENTRAL BLVD ORLANDO, FL 32803	1619 E. CENTRAL BLVD ORLANDO, FL 32803

03092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 2936 Fitzooth Dr.	3. Mailing Address: 2936 Fitzooth Dr
Suite, Apt. #, etc.: Winter Park, Fl	Suite, Apt. #, etc.
City & State	City & State: Winter Park
Zip: 32792 / Country: USA	Zip: 32792 / Country: USA

4. FEI Number: 13-4301173 — 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
SCHUPFER, KELLY J 1619 EAST CENTRAL BLVD ORLANDO, FL 32803	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] DATE 3/9/06

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHUPFER, KELLY J 1619 EAST CENTRAL BLVD ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHUPFER, ROBERT J 1619 EAST CENTRAL BLVD ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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 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: [signature] Date 3/9/06 Daytime Phone # 407-748-4420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR