


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90079 017 \*\*\*150.00

DOCUMENT # P96000007552			
1. Entity Name RICHARD W. SHAFFER, II, P.A.			
Principal Place of Business 1061 EGRETS WALK CIR SUITE 102 NAPLES, FL 34108 US		Mailing Address 1061 EGERTS WALK CIR SUITE 102 NAPLES, FL 34108 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAFFER, RICHARD W II 1061 EGRETS WALL CIR 102 NAPLES, FL 34108		Name Street Address (P.O. Box Number is Not Acceptable) <i>1061 Egrets Walk Circle #102</i> City <i>Naples</i> FL Zip Code <i>34108</i>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 RICHARD W SHAFFER II 1061 EGRETS WALK CIR 102 NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>1/31/07</i> Daytime Phone #: <i>239-594-7425</i>	



01112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0635129 Applied For Not Applicable

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