

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**


04-21-2008 90095 038 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

40073687



04152008 Chg-P CR2E034 (12/06)

DOCUMENT # P98000052279					
1. Entity Name SCHULER, HALVORSON & WEISSER, PA					
Principal Place of Business 1615 FORUM PLACE, STE. 4D WEST PALM BEACH, FL 33401			Mailing Address 1615 FORUM PLACE, STE. 4D WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0843304	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALVORSON, STEVEN W 1615 FORUM PLACE, STE. 4D WEST PALM BEACH, FL 33401			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULER, RICHARD D		NAME		
STREET ADDRESS	1615 FORUM PLACE, STE. 4D		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALVORSON, STEVEN W		NAME		
STREET ADDRESS	1615 FORUM PLACE, STE. 4D		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISSER, JASON D		NAME		
STREET ADDRESS	1615 FORUM PLACE STE 4D		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>R. D. Schuler</u>		9/17/08		561-689-8780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	