


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # S32731<br>1. Entity Name<br>SCHOFIELD CORPORATION OF ORLANDO |  |
|---|---|

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|--|--|
| Principal Place of Business<br>110 SE 6TH ST, 28TH FLOOR<br>FORT LAUDERDALE, FL 33301 US | Mailing Address<br>110 SE 6TH ST, 28TH FLOOR<br>FORT LAUDERDALE, FL 33301 US |
|--|--|



01042005 No Chg-P CR2E034 (10/03)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3047860                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUDSON, HARRIS W<br>110 SE 6TH ST, 28TH FLOOR<br>FORT LAUDERDALE, FL 33301   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>O'CONNOR, JAMES E<br>110 SE 6TH ST, 28TH FLOOR<br>FORT LAUDERDALE, FL 33301  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BARCLAY, DAVID A<br>110 SE 6TH ST, 28TH FLOOR<br>FORT LAUDERDALE, FL 33301   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LANG, EDWARD A III<br>110 SE 6TH ST, 28TH FLOOR<br>FORT LAUDERDALE, FL 33301 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 01/24/05-80156-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 affidavit, with all other like empowered.

SIGNATURE: David A. Barclay 1/15/05 954-769-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #