

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # S32731

1. Entity Name
SCHOFIELD CORPORATION OF ORLANDO



Principal Place of Business
110 SE 6TH ST, 28TH FLOOR
FORT LAUDERDALE, FL 33301 US

Mailing Address
110 SE 6TH ST, 28TH FLOOR
FORT LAUDERDALE, FL 33301 US



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3047860

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Barclay, Secretary 4/1/07 954-769-2400

Date

Daytime Phone #