

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098062

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE SCHUMACHER GROUP OF FLORIDA, INC.

Current Principal Place of Business:

200 CORPORATE BLVD.
SUITE 201
LAFAYETTE, LA 70508

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 82368
ATTEN: LISHA FALK
LAFAYETTE, LA 705988236

New Mailing Address:

FEI Number: 59-3414339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SCHUMACHER, WILLIAM C MD
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: TVPD () Delete
Name: DEMPSEY, DAVID P
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: CSVP () Delete
Name: FALK, LISHA C
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: PD () Delete
Name: PILGRIM, RANDAL L
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: COO () Delete
Name: GUIDRY, JAMES JR
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ICFO (X) Change () Addition
Name: BOURQUE, MARIE E
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISHA FALK

_____ Electronic Signature of Signing Officer or Director

CSVP

03/20/2009

_____ Date