

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H77535

**Entity Name:** HAYSKAR, WALKER, SCHWERER, DUNDAS & MCCAIN, P.A.

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**7714866560CC**

**Current Principal Place of Business:**

ROBERT V. SCHWERER, PRESIDENT  
130 SOUTH INDIAN RIVER DRIVE SUITE 304  
FORT PIERCE, FL 34950

**Current Mailing Address:**

% ROBERT V. SCHWERER, PRESIDENT  
130 SOUTH INDIAN RIVER DRIVE SUITE 304  
FORT PIERCE, FL 34950 US

**FEI Number: 59-2579109**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHWERER, ROBERT V  
130 SOUTH INDIAN RIVER DRIVE  
SUITE 304  
FORT PIERCE, FL 34950 US

*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: ROBERT V. SCHWERER**

**01/15/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SCHWERER, ROBERT V  
Address ROBERT V. SCHWERER, PRESIDENT  
130 SOUTH INDIAN RIVER DRIVE  
SUITE 304  
City-State-Zip: FORT PIERCE FL 34950

Title TD  
Name SCHWERER, ROBERT V  
Address ROBERT V. SCHWERER, PRESIDENT  
130 SOUTH INDIAN RIVER DRIVE  
SUITE 304  
City-State-Zip: FORT PIERCE FL 34950

Title S  
Name WALKER, JAMES T  
Address ROBERT V. SCHWERER  
130 SOUTH INDIAN RIVER DRIVE  
SUITE 304  
City-State-Zip: FORT PIERCE FL 34950

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT V. SCHWERER**

**PRESIDENT**

**01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date