

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 343965

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** CONRAD W. SCHAEFER CONSULTING, INC.

**Current Principal Place of Business:**

C/O NANCY NARAMORE  
8127 SE WOODLAKE LN  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NANCY NARAMORE  
8127 SE WOODLAKE LN  
HOBE SOUND, FL 33455

**New Mailing Address:**

**FEI Number:** 59-1260043      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

O'CONNOR, PHIL, JR  
515 N. FLAGLER, 19TH FL.  
WEST PALM BEACH, FL 33401      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:** PD  
**Name:** SCHAEFER, GRETCHEN L  
**Address:** C/O 8127 SE WOODLAKE LN  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** S  
**Name:** SOUSA, ERIKA SCHAEFER  
**Address:** C/O 8127 SE WOODLAKE LN  
**City-St-Zip:** HOBE SOUND, FL 33455

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: GRETCHEN L SCHAEFER

D

01/04/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date