


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 392312</b> 1. Entity Name SCHUMACHER ENTERPRISES, INC.	
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Principal Place of Business PO BOX 626 ORANGE SPRINGS, FL 32182	Mailing Address PO BOX 626 ORANGE SPRINGS, FL 32182
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**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1372190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUMACHER, WAYNE  
13514 NE 232ND LANE ROAD  
ORANGE SPRINGS, FL 32182

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000229080 02/14/05-80066-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SCHUMACHER, WAYNE PO BOX 626 ((N/A)) ORANGE SPRINGS, FL 32182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHUMACHER, CLAUDIA W PO BOX 626 ((N/A)) ORANGE SPRINGS, FL 32182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Claudia W. Schumacher Schumacher 2/10/05 352/546-3230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #