## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 392312** 

Entity Name: SCHUMACHER ENTERPRISES, INC.

FILED Apr 06, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principa	al Place of Business:	New Principal Place of Business:

 13514 N.E. 232ND LANE ROAD
 22993 N.E. 130TH CT. RD.

 ORANGE SPRINGS, FL 32182
 ORANGE SPRINGS, FL 32182

Current Mailing Address: New Mailing Address:

PO BOX 626 ORANGE SPRINGS, FL 32182

FEI Number: 59-1372190 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCHUMACHER, WAYNE SCHUMACHER, WAYNE
13514 NE 232ND LANE ROAD 13387 N.E. 228TH LANE RD.
ORANGE SPRINGS, FL 32182 US ORANGE SPRINGS, FL 32182 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: 04/06/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

VSD ( ) Delete Title: VSD (X) Change ( ) Addition

 Name:
 SCHUMACHER, WAYNE
 Name:
 SCHUMACHER, WAYNE

 Address:
 13514 N.E. 232ND LANE ROAD
 Address:
 13387 N.E. 228TH LANE ROAD

 City-St-Zip:
 ORANGE SPRINGS, FL 32182
 City-St-Zip:
 ORANGE SPRINGS, FL 32182

Title: () Delete Title: PD (X) Change ( ) Addition Name: SCHUMACHER, CLAUDIA W Name: SCHUMACHER, CLAUDIA W 13514 N.E. 232ND LANE ROAD Address: 13387 N.E. 228TH LANE ROAD Address: ORANGE SPRINGS, FL 32182 ORANGE SPRINGS, FL 32182 City-St-Zip: 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: CLAUDIA SCHUMACHER PD 04/06/2008