2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# 437539

Entity Name: SCHAFFER CORP., INC.

Current Principal Place of Business:

4100 RCA BLVD
SUITE 110
PALM BCH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

4100 RCA BLVD
STE 110
PALM BCH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 59-1489723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFFER, (HARRY J.)
17267 GALAWAY CT SE
TEQUESTA, FL 33469 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 ( ) Delete
Name: SCHAFFER, HARRY J
Address: 17267 GALWAY CT SE
City-St-Zip: TEQUESTA, FL 33469

Title: VP ( ) Delete
Name: LIEBERMANN, BERNARD T
Address: 12544-179TH CT. NORTH
City-St-Zip: JUPITER, FL 33478

Title: STD ( ) Delete
Name: SCHAFFER, MARY LOU
Address: 17267 GALWAY CT SE
City-St-Zip: TEQUESTA, FL 33469

Title: VP ( ) Delete
Name: DOHERTY, MARY E
Address: 467 WOODVIEW CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARY LOU SCHAFFER STD 01/04/2008
Electronic Signature of Signing Officer or Director Date