2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 512642

1. Entity Name SCHOFIELD PROPERTIES, INC.



FILED Feb 20, 2004 8:00 am Secretary of State 02-20-2004 90013 022 ***150.00

Principal Place of Business 701 W. FLETCHER AVENUE, SUITE A TAMPA, FL 33612 2. Principal Place of Spriness Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Clay & Stafe Luttz FL Country US A Suite, Apt. 4, etc. Clay & Stafe Suite, Apt. 4, etc. Clay & Stafe Luttz FL Country US A 23 3 5 4 8 Country US A Sa. To address of Current Registered Agent Name Schofield, Richard TAMPA, FL 33612 City TAMPA R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. Signature Full Mowith Fee Is \$15.0.00 After May 1, 2004 Fee will be \$550.00 ; Signatures Signatures Signature Signature, lipsed or printed rome of registered agent and to fagocacies (NOTE: Registered Agent sprinter increased) Signature Signature, lipsed or printed rome of registered agent. Signature Signature Signature for the purpose of changing its registered after confice or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. Signature Signature, lipsed or printed rome of registered agent. Signature Signature, lipsed or printed rome of registered agent. Signature Signature Rome of registered agent. Signature Signature Rome of Registered Agent agent and to fagocacies (NOTE: Registered Agent agents are registered agent. or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. Signature Signature Rome of Rome Registered agent. Signature Signature Rome of Rome Registered Rome of Rome Registered agent. Signature Rome Signature Rome of Rome Registered Rome Registered agent. Signature Rome Signature Rome of Rome Registered Rome Rome Rome Rome Rome Rome Rome Rome
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Suite, Apt. 8, etc. O2162004 Chg-P CR2E034 (10/03) 4, FEI Number
Only & Stafe City & Stafe Country USA Country USA Country USA Country USA Country USA S. Certificate of Status Desired S8.75 Additional Fee Required Fith Uses and Address of New Registered Agent Street Address (Fee) Box Number 18 Not/Acceptable of AU / A TAMPA, FL 33612 Fith Descriptions of registered agent. SIGNATURE Fith Descriptions of registered agent. Fi
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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. 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. 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. 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. 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. 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. 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. 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. 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
SCHOFIELD, RICHARD 701 W. FLETCHER AVE., SUITE A TAMPA, FL 33612 Street Addreas(FA9. Box Number is NottAcceptable) City TAMPA FL Zip 9056 / 3 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 prated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatising) DATE FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00; TILE SD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SCHOFIELD, RICHARD D SIRET ADDRESS GITY-ST-2P TAMPA, FL 00000, TITLE V Delete TITLE NAME SIRET ADDRESS SCHOFIELD, CHARLES M SIRET ADDRESS SIRET A
Street Address(P.9. Box Numbers NotAsceptable) City TAMPA FL Zip 2006 / 3 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 prefed name of registered agent and title 4 applicable. (NOTE: Registered Agent sonature required when renatising) PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SCHOFIELD, RICHARD D Delete SIRET ADDRESS GITY-SI-ZIP TAMPA, FL 00000, CITY-SI-ZIP TITLE V Delete SCHOFIELD, CHARLES M SIRET ADDRESS
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indicated on this report or supplied with risk illing does not quality 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 treatee 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:

813-963-3500