

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2006 08:00 A
Secretary of State

DOCUMENT # 605556

1. Entity Name
DRS. HASTINGS & SCHROER, P.A.



Principal Place of Business

7924 SW 104TH ST
MIAMI, FL 33156

Mailing Address

7924 SW 104TH ST
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



08172006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1867993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, JOHN
7924 SW 104TH ST
MIAMI, FL 33156

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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)

U00000575606
08/29/06-80009-014 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE V
NAME SCHROER, ROBERT
STREET ADDRESS 7924 S W 104TH ST
CITY-ST-ZIP MIAMI, FL

TITLE P
NAME HASTINGS, JOHN
STREET ADDRESS 7924 S W 104TH ST
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-25-06 (305)274-4112