

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 632073

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** BRAD SCHIFFER/TAXIS, INC.

**Current Principal Place of Business:**

520 SUGAR PINE LANE  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 SUGAR PINE LANE  
212  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 59-1943743      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHIFFER, BRAD W PRES  
520 SUGAR PINE LANE  
NAPLES, FL 34108 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCHIFFER, BRADLEY W  
Address: 520 SUGAR PINE LANE  
City-St-Zip: NAPLES, FL 34108

Title: TS  
Name: SCHIFFER, AMY  
Address: 520 SUGAR PINE LANE  
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: BRAD SCHIFFER

P

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date