

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 656178**

1. Entity Name  
**BOEHM, BROWN, FISCHER, HARWOOD, KELLY &  
SCHEIHING, P.A.**



Principal Place of Business  
**POP BOX 11830  
DAYTONA BEACH, FL 32120**

Mailing Address  
**POP BOX 11830  
DAYTONA BEACH, FL 32120**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2031086**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BOEHM, J. RICHARD  
113 EXECUTIVE CIRCLE  
301  
DAYTONA BEACH, FL 32114**

**DO NOT WRITE  
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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOEHM, J RICHARD 5 SPRINGWOOD TR ORMOND BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, JANET L 2505 LAKE SHORE DR. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHEIHING, MICHAELA D 143 ZAHARIAS CIR DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KELLY, JANICE 1100 DEER GULLEY CT. APOPKA, FL 32712,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000710037  
04/25/07-80028-004 150.00

JAN 1 5 2007

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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 another like empowered.

SIGNATURE: *Richard Boehm* **2-8-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #