2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 681257

Entity Name: SCHIEFER MOTELS, INC.

Current Principal Place of Business:

10116 GULF BLVD.
TREAURE ISLAND, FL 33706 US

New Principal Place of Business:

10808 ALICO PASS
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

404 GULF BLVD
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

10808 ALICO PASS
NEW PORT RICHEY, FL 34655

FEI Number: 59-2022804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIEFER, MARILYN
404 GULF BLVD
INDIAN ROCKS BCH FL, FL 33785 US

Name and Address of New Registered Agent:

SCHIEFER, MARILYN
10808 ALICO PASS
NEW PORT RICHEY, FL 34655 US

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: 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHIEFER, MARILYN
Address: 404 GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: V ( ) Delete
Name: SCHIEFER, OTTO
Address: 404 GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S ( ) Delete
Name: SCHIEFER, MARK
Address: 10116 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHIEFER, MARILYN
Address: PO BOX 250
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: V (X) Change ( ) Addition
Name: SCHIEFER, OTTO
Address: PO BOX 250
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S (X) Change ( ) Addition
Name: SCHIEFER, MARK
Address: 10808 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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: MARILYN SCHIEFER P 05/01/2006
Electronic Signature of Signing Officer or Director Date