2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 694071

1. Entity Name
NICHOLAS G. SCHOMMER, P.A.

Principal Place of Business	Mailing Address
329 S COMMERCE AVE SEBRING, FL 33870	329 S COMMERCE AVE SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

01192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2108732	Not Applicable

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

6. Name and Address of Current Registered Agent

SCHOMMER, NICHOLAS G
329 S COMMERCE AVE
SEBRING, FL

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 title 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	DPV
NAME	SCHOMMER, NICHOLAS G
STREET ADDRESS	329 S COMMERCE AVE
CITY-ST-ZIP	SEBRING, FL

TITLE	ST
NAME	SCHOMMER, NICHOLAS G
STREET ADDRESS	329 S COMMERCE AVE
CITY-ST-ZIP	SEBRING, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000607124
01/31/07-80024-021 150.00

DO NOT WRITE 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: _Nicholas A. Schommer_   1/22/2007   863-3855139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #