


**2008 FOR PROEIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 694071
1. Entity Name
NICHOLAS G. SCHOMMER, P.A.



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

DO NOT WRITE IN THIS SPACE



01162008 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution 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	

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U00000802216
02/01/08-80050-012 150.00

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 G. Schommer* NICHOLAS G. SCHOMMER 1/17/08 3855139 863-

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