

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694071

FILED  
Feb 13, 2009  
Secretary of State

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

## Current Principal Place of Business:

329 S COMMERCE AVE  
SEBRING, FL 33870

## New Principal Place of Business:

329 S COMMERCE AVE  
SEBRING, FL 33870 US

## Current Mailing Address:

329 S COMMERCE AVE  
SEBRING, FL 33870

## New Mailing Address:

329 S COMMERCE AVE  
SEBRING, FL 33870 US

FEI Number: 59-2108732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHOMMER, NICHOLAS G  
329 S COMMERCE AVE  
SEBRING, FL US

## Name and Address of New Registered Agent:

SCHOMMER, NICHOLAS G  
329 S COMMERCE AVE  
SEBRING, FL 33870 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:

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: SCHOMMER, NICHOLAS G,  
Address: 329 S COMMERCE AVE  
City-St-Zip: SEBRING, FL

Title: ST ( ) Delete  
Name: SCHOMMER, NICHOLAS G,  
Address: 329 S COMMERCE AVE  
City-St-Zip: SEBRING, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change ( ) Addition  
Name: SCHOMMER, NICHOLAS G,  
Address: 329 S COMMERCE AVE  
City-St-Zip: SEBRING, FL 33870 US

Title: ST (X) Change ( ) Addition  
Name: SCHOMMER, NICHOLAS G,  
Address: 329 S COMMERCE AVE  
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS G. SCHOMMER

PRES

02/13/2009

Electronic Signature of Signing Officer or Director

Date