

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90392 008 ***150.00

DOCUMENT # F14749

1. Entity Name
J.K. SCHOFIELD AND COMPANY, INC.



Principal Place of Business
950 RAILROAD AVE
WINTER PARK, FL 32789 US

Mailing Address
950 RAILROAD AVENUE
WINTER PARK, FL 32789 US



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2049374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHOFIELD, JOHN K
950 RAILROAD AVENUE
WINTER PARK, FL 32789

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SCHOFIELD, LINDA P
STREET ADDRESS	950 RAILROAD AVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	CDP
NAME	SCHOFIELD, JOHN K
STREET ADDRESS	950 RAILROAD AVENUE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	V
NAME	SCHOFIELD, JEFFREY M.
STREET ADDRESS	950 RAILROAD AVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	C
NAME	HILL, PEGGY J.
STREET ADDRESS	950 RAILROAD AVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	D
NAME	SCHOFIELD, CAREY L
STREET ADDRESS	950 RAILROAD AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REMOVE

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEGGY J HILL

4.25.05

Date

407-628-5123

Daytime Phone #