

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81040

FILED
Apr 23, 2004
Secretary of State

Entity Name: SCHAEFER & ASSOCIATES, INC.

Current Principal Place of Business:

528 ANDROS LANE
INDIAN HARBOUR BCH., FL 32937

New Principal Place of Business:

Current Mailing Address:

528 ANDROS LANE
INDIAN HARBOUR BCH., FL 32937

New Mailing Address:

FEI Number: 59-2372087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEFER, WILLIAM T.
528 ANDROS LANE
INDIAN HARBOUR BCH., FL 32937 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHAEFER, WILLIAM T.,
Address: 528 ANDROS LANE
City-St-Zip: MELBOURNE BEACH, FL

Title: D () Delete
Name: SCHAEFER, MATTEW
Address: 1585 WALLER STREET # 2
City-St-Zip: SAN FRANCISCO, CA 94117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHAEFER, MATTHEW
Address: 507 DOLORES ST.
City-St-Zip: SAN FRANCISCO, CA 94110

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM T. SCHAEFER

PRES

04/23/2004

Electronic Signature of Signing Officer or Director

Date