


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H51013 1. Entity Name SOUTH FLORIDA CURB & WALK, INC.	
--	---

Principal Place of Business 544 FERGUSON LANE WEST PALM BEACH, FL 33415	Mailing Address PO BOX 210835 ROYAL PALM BCH, FL 33421
---	--



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2492611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHAEFER, ROBERT J. 17311 SHETLAND LN LOXAHATCHEE, FL 33470
--

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, ROBERT J. 17311 SHETLAND LN LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAEFER, TARA 17311 SHETLAND LN LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, T T 544 FERGUSON LN WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000530658 05/06/06-80007-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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: <u>Robert J. Schaefer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-20 <small>Date</small>	561-697-2986 <small>Daytime Phone #</small>
---	-----------------------------	--