


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90031 012 ***150.00

DOCUMENT # H63300 1. Entity Name SCHOFIELD MANAGEMENT, INC.	
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Principal Place of Business 701 W. FLETCHER AVE. SUITE A TAMPA, FL 33612	Mailing Address 701 W. FLETCHER AVE. SUITE A TAMPA, FL 33612
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2. Principal Place of Business P.O. Box 896 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 896 Suite, Apt. #, etc.
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City & State Lutz FL Zip 33548 Country USA	City & State Lutz FL Zip 33548 Country USA
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02162004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2565647	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 SCHOFIELD, RICHARD D. 701 WEST FLETCHER AVE. SUITE A TAMPA, FL 33612	
7. Name and Address of New Registered Agent Name: 936 Guisando de Avila Street Address (P.O. Box Number is Not Acceptable) City: TAMPA FL Zip Code: 33613	

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHOFIELD, RICHARD D. 936 GUI SANDO DE AVILA TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard D. Schofield* *Richard D. Schofield* *2/20/04* *813-963-3500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #