


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # H92943 1. Entity Name FREDERICK M. VANDERSCHAAF, D.C., P.A.	
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Principal Place of Business 982 DOUGLAS AVENUE SUITE 102 ALTAMONTE SPRINGS, FL 32714	Mailing Address 982 DOUGLAS AVENUE SUITE 102 ALTAMONTE SPRINGS, FL 32714
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01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2618410	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 VANDERSCHAAF, FREDERICK M D.C. 982 DOUGLAS AVENUE, SUITE #102 ALTAMONTE SPRINGS, FL 32714	
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERSCHAAF, FREDERICK M 982 DOUGLAS AVENUE, SUITE 102 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VANDERSCHAAF, JOAN C 982 DOUGLAS AVENUE, SUITE 102 ALTAMONTE SPRINGS, FL 32714
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02/03/04-80038-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	1/29/2004 (407) 862-3900
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #