
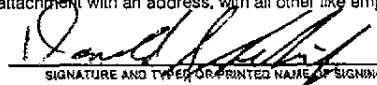


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J59051</b> 1. Entity Name DONALD I. SCHIEFER, P.A.			
Principal Place of Business 878 109TH AVE N SUITE #1 NAPLES, FL 34108 US		Mailing Address 878 109TH AVE N SUITE #1 NAPLES, FL 34108 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  SCHIEFER, DONALD I. 878 109TH AVE N SUITE #1 NAPLES, FL 34108		01072004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2764937	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.		<b>DO NOT WRITE IN THIS SPACE</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="text-align: right;">000000003720 01/13/04-80068-013 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHIEFER, DONALD I. 878 109TH AVE N NAPLES, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST SCHIEFER, DONALD I. 878 109TH AVE N NAPLES, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  DONALD I. SCHIEFER		1-7-04 (279) 592-1281	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	