2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00349

City-St-Zip: OCALA, FL 34476

Entity Name: SCHAD & ASSOCIATES, INC.

FILED Apr 25, 2007 Secretary of State

Littly Na	IIIe. SCHAD	X ASSOCIATES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
3927 SW 8 OCALA, F		6			
Current Mailing Address:			New Mailing Address:		
PO BOX 7 OCALA, F	70119 L 344770119	US			
FEI Number	: 59-2856847	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	ANDA G VP 86TH TERRAC L 34476 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP (TICE, SCOTT 8590 SW 66TH OCALA, FL 34		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (SCHAD, CYNTI 3927 S.W. 89T OCALA, FL 34	H AVÉ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (TICE, AMANDA 8590 SW 66TH		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: AMANDA TICE VP 04/25/2007