

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00349

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: SCHAD & ASSOCIATES, INC.

**Current Principal Place of Business:**

3927 SW 89TH AVE  
OCALA, FL 34481 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 770119  
OCALA, FL 344770119 US

**New Mailing Address:**

FEI Number: 59-2856847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TICE, AMANDA G VP  
8590 SW 66TH TERRACE  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: TICE, SCOTT  
Address: 8590 SW 66TH TERRACE  
City-St-Zip: Ocala, FL 34476

Title: ST  
Name: SCHAD, CYNTHIA R.  
Address: 3927 S.W. 89TH AVE.  
City-St-Zip: Ocala, FL 34481

Title: VP  
Name: TICE, AMANDA  
Address: 8590 SW 66TH TERRACE  
City-St-Zip: Ocala, FL 34476

I hereby 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 all other like empowered.

SIGNATURE: AMANDA TICE

VP

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date