


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90474 002 \*\*\*150.00

J4005000



DOCUMENT # K48682			
1. Entity Name THE A.E. SCHAEERER COMPANIES, INC.			
Principal Place of Business C/O ALBERT E. SCHAEERER 6890 S.W. GAINES AVENUE STUART, FL 34997		Mailing Address C/O ALBERT E. SCHAEERER 6890 S.W. GAINES AVENUE STUART, FL 34997	
2. Principal Place of Business 210 NW MISTRAL CT Suite, Apt. #, etc.		3. Mailing Address 210 NW MISTRAL CT Suite, Apt. #, etc.	
City & State PT. ST. LUCIE FL.		City & State PT. ST. LUCIE FL.	
Zip 34986	Country USA	Zip 34986	Country USA
4. Fil Number 65-0095316		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 SCHAEERER, ALBERT E. 6890 S.W. GAINES AVENUE STUART, FL 34997		7. Name and Address of New Registered Agent Name: Address Change ONLY Street Address (P.O. Box Number is Not Acceptable): 210 NW MISTRAL CT. City: PT. ST. LUCIE FL Zip Code: 34986	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$850.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEERER, ALBERT E. 6890 S.W. GAINES AVE STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change ONLY <input type="checkbox"/> Change <input type="checkbox"/> Addition 210 NW MISTRAL CT PT. ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEERER, INGE L. 6890 S.W. GAINES AVE STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change ONLY <input type="checkbox"/> Change <input type="checkbox"/> Addition 210 NW MISTRAL CT PT. ST. LUCIE, FL. 34986
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
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
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: <u>Inge L. Schaeerer (Inge L. Schaeerer)</u>		Date: <u>4-23-04</u>	Daytime Phone #: <u>772-871-5858</u>