

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K54396

(2)

1. Corporation Name:

PROFIT DEVELOPERS, INC.

Principal Place of Business:

**1958 SE PT ST LUCIE BLVD
PORT ST. LUCIE FL 34952**

Mailing Address:

**1958 SE PT ST LUCIE BLVD
PORT ST. LUCIE FL 34952**

Do Not Write In This Space

3. Date incorporated or qualified 12/20/1988	3a. Date of Last Report 05/01/1994
4. FIC Number 65-0095230	Applicant For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. Does corporation have liability for debt payable to or under by officers? Check Statutes: ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State of Incorporation	2b. State of Incorporation
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHOONMAKER RICHARD
1958 SE PT ST LUCIE BLVD
~~SUITE 2-D~~
PT ST LUCIE FL 34952**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of law, I, the undersigned, Florida resident, the above named corporation submits the statement for the corporation's business as registered officer of corporations, and I certify that the State of Florida has been properly notified by the corporation's board of directors, officers and the appointed registered agent, I am

SIGNATURE

Richard Schoonmaker

4/28/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGE IN TO OFFICERS AND DIRECTORS
NAME DP SCHOONMAKER, RICHARD 1958 SE PT ST LUCIE BLVD PT. ST. LUCIE FL	1. NAME ☐ Change ☐ Addition
2. NAME	2. NAME
3. NAME	3. NAME
4. NAME	4. NAME
5. NAME	5. NAME
6. NAME	6. NAME
7. NAME	7. NAME
8. NAME	8. NAME
9. NAME	9. NAME
10. NAME	10. NAME
11. NAME	11. NAME
12. NAME	12. NAME
13. NAME	13. NAME
14. NAME	14. NAME
15. NAME	15. NAME
16. NAME	16. NAME
17. NAME	17. NAME
18. NAME	18. NAME
19. NAME	19. NAME
20. NAME	20. NAME

14. I hereby certify that the information supplied with this filing is true and correct and I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE:

Richard Schoonmaker

4/28/95

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