

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54396

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: PROFIT DEVELOPERS, INC.

**Current Principal Place of Business:**

1948 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1948 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 65-0095230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHOONMAKER RICHARD  
1948 SE PORT ST. LUCIE BLVD.  
SUITE 2-D  
PT ST LUCIE, FL 34952 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: DP ( ) Delete  
Name: SCHOONMAKER, RICHARD,  
Address: 1948 SE PORT ST. LUCI BLVD.  
City-St-Zip: PT. ST. LUCIE, FL

Title: VP ( ) Delete  
Name: SCHOONMAKER, KATHERINE  
Address: 1948 SE PORT ST. LUCIE BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T ( ) Delete  
Name: DENMARK, JILLIAN E  
Address: 1948 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SCHOONMAKER, RICHARD,  
Address: 1948 SE PORT ST. LUCI BLVD.  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: RICHARD SCHOONMAKER

DP

01/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date