


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L40293 1. Entity Name WALTER L. SCHAFER, JR., P.A.	
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Principal Place of Business 2430 ESTANCIA BLVD STE 108 CLEARWATER, FL 33761 US	Mailing Address C/O WALTER L SCHAFER JR PO BOX 1040 DUNEDIN, FL 34697-1040 US
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2982062	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHAFFER, WALTER L. JR
 2430 ESTANCIA BOULEVARD
 STE 108
 CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN00000400233
 02/01/06-80044-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHAFFER, WALTER L. JR 3443 BEECH TRAIL CLEARWATER, FL 33761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Walter L. Schaffer 23 JAN 06 727-457-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #