


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-16-2007 90208 049 ***150.00

DOCUMENT # L40293			
1. Entity Name WALTER L. SCHAFER, JR., P.A.			
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	
2. Principal Place of Business - No P.O. Box # 2555 ENTERPRISE RD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 10		Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State	
Zip 33763	Country U.S.A.	Zip	Country
4. FEI Number 59-2982062		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAFFER, WALTER L JR 2430 ESTANCIA BOULEVARD STE 108 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name TIMOTHY C. DAILY Street Address (P.O. Box Number is Not Acceptable) 2555 ENTERPRISE RD SUITE 10 City CLEARWATER, FL Zip Code 33763	
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 <i>Timothy C Daily</i> TIMOTHY C. DAILY 1-11-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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	DPST SCHAFFER, WALTER L. JR 3443 BEECH TRAIL CLEARWATER, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1040 Dunedin FL 34697-1040
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
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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 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: <i>Walter L. Schaffer, Jr.</i> WALTER L. SCHAFER, JR.		Date (727) 815-7057	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	