


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P00000034020<br>1. Entry Name<br>ALAYNE SCHAGANE, P.A. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>5493 CARROLLWOOD MEADOWS DR.<br>TAMPA, FL 33625 | Mailing Address<br>5493 CARROLLWOOD MEADOWS DR.<br>TAMPA, FL 33625 |
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01292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3639203                               | Applied For<br>Not Applicable  |
| 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<br><br>SCHAGANE, ALAYNE<br>5493 CARROLLWOOD MEADOWS DR.<br>TAMPA, FL 33625 |
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>SCHAGANE, ALAYNE<br>5493 CARROLLWOOD MEADOWS DR.<br>TAMPA, FL 33625  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>SCHAGANE, PAUL C<br>5493 CARROLLWOOD MEADOWS DR.<br>TAMPA, FL 33625 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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04/29/04-80140-014 150.00

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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: Alayne Schagane PA 4-27-04 813-264-6284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #