

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000024369
 f. Entity Name
BONNIE K. SCHAMBACK, M.A., P.A.



Principal Place of Business Mailing Address
 101 COLORADO AVENUE 101 COLORADO AVENUE
 STUART, FL 34994 STUART, FL 34994



DO NOT WRITE IN THIS SPACE

0T102004 No Chg=P CR2E034 (10/03)

4. FEI Number **65-1084139** Applied Fee
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAMBACK, BONNIE K.
 101 COLORADO AVENUE
 STUART, FL 34994

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B. 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: *Bonnie Schamback*
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when resigning) DATE

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	D
NAME	SCHAMBACK, BONNIE K
STREET ADDRESS	101 COLORADO AVENUE
CITY- ST- ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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)(c), 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: *Bonnie Schamback M A P A* 1/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bonnie Schamback M A P A.

772-220-32