

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90064 011 ***150.00

DOCUMENT # P01000072808

1. Entity Name
SCHUMANN LAW GROUP, P.A.



Principal Place of Business
3461 BONITA BAY BLVD
SUITE 201
BONITA SPRINGS, FL 34134 US

Mailing Address
3461 BONITA BAY BLVD
STE 201
BONITA SPRINGS, FL 34134 US

2. Principal Place of Business - No P.O. Box # <i>3451 Bonita Bay Blvd</i>	3. Mailing Address <i>3451 Bonita Bay Blvd.</i>
Suite, Apt. #, etc. <i>Suite # 200</i>	Suite, Apt. #, etc. <i>Suite #200</i>
City & State <i>Bonita Springs, FL</i>	City & State <i>Bonita Springs, FL</i>
Zip <i>34134</i>	County <i>34134</i>

04142008 Chg-P CR2E034 (12/06)

4. FEI Number <i>65-0639968</i>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

SCHUMANN, RAYMOND L ESQ
3461 BONITA BAY BLVD
STE 201
BONITA SPRINGS, FL 34134

Name *Raymond L. Schumann Esq.*

Street Address (P.O. Box Number is Not Acceptable)
3451 Bonita Bay Blvd.

Suite 200

City *Bonita Springs* FL Zip Code *34134*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$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	<input type="checkbox"/> Delete D SCHUMANN, RAYMOND L 3461 BONITA BAY BLVD. SUITE 201 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.08

Date

Daytime Phone #