


# 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
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2. Principal Place of Business - No P.O. Box # 3451 Bonita Bay Blvd Suite, Apt. #, etc. Suite # 200 City & State Bonita Springs, FL Zip 34134 Country US	3. Mailing Address 3451 Bonita Bay Blvd. Suite, Apt. #, etc. Suite #200 City & State Bonita Springs, FL Zip 34134 Country US
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04142008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0639968	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 SCHUMANN, RAYMOND L ESQ 3461 BONITA BAY BLVD STE 201 BONITA SPRINGS, FL 34134	7. Name and Address of New Registered Agent 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
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMANN, RAYMOND L 3461 BONITA BAY BLVD. SUITE 201 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Raymond L. Schumann 4.19.08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #