✲2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000078935

1. Entity Name
SUSAN CRAMER-SCHELLHAMMER, P.A.

Principal Place of Business

7575 DR PHILLIPS BLVD STE 170
ORLANDO, FL 32819

Mailing Address

7575 DR PHILLIPS BLVD STE 170
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

02182004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3741607	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, DAVID S
5728 MAJOR BLVD STE 550
ORLANDO, FL 32819

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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, 2004 Fee will be $550.00

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

U00000070210
05/01/04=80038=003 150.00

10.	OFFICERS AND DIRECTORS			
TITLE	D			
NAME	SCHELLHAMMER, SUSAN C			
STREET ADDRESS	7539 SUGAR BEND DR			
CITY-ST-ZIP	ORLANDO, FL 32819			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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CITY-ST-ZIP				

DO NOT WRITE IN THIS SPACE

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: _Susan Cramer-Schellhammer_   9/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #