

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90117 016 \*\*\*150.00

DOCUMENT # P01000088914

1. Entity Name  
SCHU, INC.



60003185

Principal Place of Business  
PO BOX 1299  
SEBRING, FL 33871-1299

Mailing Address  
PO BOX 1299  
SEBRING, FL 33871-1299

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-1143804

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUMACHER, CHARLES R  
1901 DESOTO PLACE  
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
PSTD  
SCHUMACHER, CHARLES R  
PO BOX 1299  
SEBRING, FL 338711299 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DAST  
SCHUMACHER, DAVID  
4604 CALATRAVA AVE.  
SEBRING, FL 33872 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DAT  
SCHUMACHER, DAVID  
3290 GATE PARKWAY WEST UNIT 413  
JACKSONVILLE, FL 32216-3639 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DAS  
SCHUMACHER, DANIEL  
2501 DOG LEG DRIVE  
SEBRING, FL 33872 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ 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

DATE

DAYTIME PHONE #

1/15/07 863 385-5149