## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 23, 2006 8:00 am Secretary of State

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1. Entity Name SCHAEFER FAGAN & ASSOCIATES, INC. 40037104 Principal Place of Business Mailing Address 631 US HIGHWAY 1 631 US HIGHWAY 1 SUITE 400 SUITE 400 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 631 US Highway 1 <u>631 US Highway 1</u> Suite, Apt. #, etc. Suite, Apt. #, etc 02062006 Chg-P CR2E034 (11/05) Suite 305 Suite 305 City & State 4. FEI Number Applied For City & State North Palm Beach, FL 65-1159318 Not Applicable North Palm Beach, FL Zip Country \$8.75 Additional 5. Certificate of Status Desired 33408 33408 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gregory J. Fagan WHITE, JOHN II Street Address (P.O. Box Number is Not Acceptable) 631 US Highway 1 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401 Suite 305 City North Palm Beach Zip 233408 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 above named entity submits the the obligations of registered age 3/16/06 SIGNATURE. enistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE KKChange Addition TITLE FAGAN, GREGORY J Gregory J. Fagan NAME NAME STREET ADDRESS 631 US HIGHWAY 1, STE 400 STREET ADDRESS 631 US Highway 1, Suite 305 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-7IP North Palm Beach, FL 33408 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 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 exprovered 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: \_ Daytime Phone # SIGNATURE AND TYP IGNING OFFICER OR DIRECTOR