

FILED  
Feb 24, 2004 8:00 am  
Secretary of State

02-24-2004 90019 024 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000033063

Entity Name  
SCHAAF TRANSCRIPTION, INC.



94019627



01262004 Chg-P CR2E034 (10/03)

4. FEI Number  
03-0417704

Applied For  
Not Applicable

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

2. Principal Place of Business  
236 INDIAN HILLS RD  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
FLORENCE CO  
Zip 81226

City & State  
Zip Country

6. Name and Address of Current Registered Agent

SPRANGER, CHARLES  
15473 DARIEN WAY  
CLEARWATER, FL 33764

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 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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SCHAAF, KRISTEN J ☐ Delete  
STREET ADDRESS 610 PIONEER LANE  
CITY-ST-ZIP FLORENCE, CO 81226

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P, D  
NAME SCHAAF, KRISTEN J ☒ Change ☐ Addition  
STREET ADDRESS 236 INDIAN HILLS RD  
CITY-ST-ZIP FLORENCE, CO 81226

TITLE S  
NAME SCHAAF, GARY A. ☐ Change ☒ Addition  
STREET ADDRESS 236 INDIAN HILLS RD  
CITY-ST-ZIP FLORENCE, CO 81226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Kristen J. SchAAF*

KRISTEN J. SCHAAF

02/14/04

719-784-4543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #