


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90064 017 ***150.00

DOCUMENT # P02000033063		
1. Entity Name SCHAAF TRANSCRIPTION, INC.		

Principal Place of Business 610 PIONEER LANE FLORENCE, CO 81226	Mailing Address 2106 DREW ST SUITE 102 CLEARWATER, FL 33765
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60017460



2. Principal Place of Business 495 N. REYNOLDS AVE	3. Mailing Address Suite, Apt. #, etc.
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01242006 Chg-P CR2E034 (11/05)

City & State CANNON CITY CO	City & State
Zip 81212	Country

4. FEI Number 03-0417704	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 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
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD SCHAAF, KRISTEN J 610 PIONEER LANE FLORENCE, CO 81226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 495 N. REYNOLDS AVE CANNON CITY, CO 81212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHAAF, GARY A 610 PIONEER LANE FLORENCE, CO 81226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 495 N. REYNOLDS AVE CANNON CITY, CO 81212
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	KRISTEN SCHAAF	02/17/06	719-276-6996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #