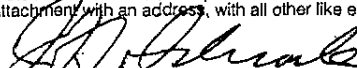


FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000117669			
1. Entity Name JEFFREY M. SCHROEDER & ASSOCIATES, P.A.		Secretary of State	
Principal Place of Business 105 EAST LAKE BRANTLEY DR LONGWOOD, FL 32779		Mailing Address 105 EAST LAKE BRANTLEY DR LONGWOOD, FL 32779	
DO NOT WRITE IN THIS SPACE			
		01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 22-3880359	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHROEDER, JEFFREY M 1651 BOYER STREET LONGWOOD, FL 32750		DO NOT WRITE IN THIS SPACE	
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		000000112321 04/14/04-80018-014 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHROEDER, JEFFREY M 1651 BOYER STREET LONDWOOD, FL 32750	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE 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)(l), 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:  Jeffrey Schroeder		4/12/04 407-869-55	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	