


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90127 006 \*\*\*150.00

|   |  |   |
|---|--|---|
| DOCUMENT # P03000055817                           |  |  |
| 1. Entity Name<br>VON SCHUMANN & ASSOCIATES, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>330 FIFTH AVENUE<br>INDIALANTIC, FL 32903 US | Mailing Address<br>330 FIFTH AVENUE<br>INDIALANTIC, FL 32903 US |
|---|---|

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| 2. Principal Place of Business<br>134 Fifth Avenue<br>Suite, Apt. #, etc.<br>Suite 103<br>City & State<br>Indialantic, Florida<br>Zip<br>32903<br>Country<br>USA | 3. Mailing Address<br>134 Fifth Avenue<br>Suite, Apt. #, etc.<br>Suite 103<br>City & State<br>Indialantic, Florida<br>Zip<br>32903<br>Country<br>USA |
|--|--|

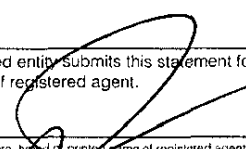


04082004 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>20-0023086   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |  |

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|--|---|
| 6. Name and Address of Current Registered Agent<br>THOMAS FLAVIN & ASSOCIATES PA<br>330 FIFTH AVE<br>INDIALANTIC, FL 32903 | 7. Name and Address of New Registered Agent<br>Name<br>J. Patrick Anderson, Esq.<br>Street Address (P.O. Box Number is Not Acceptable)<br>930 S. Harbor City Boulevard<br>Suite 505<br>City Melbourne FL Zip Code 32901 |
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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  DATE 4/12/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>VON SCHUMANN, MICHAEL<br>581 HIGHWAY A1A<br>SATELLITE BEACH, FL 32937<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S T D<br>#D701<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  Michael von Schumann 4/12/04 321.271.9057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #