

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90002 044 ***150.00

DOCUMENT # P03000117102

1. Entity Name
ROBERT SHAFER, INC.



Principal Place of Business
**206 VERMONT AVE.
ST. CLOUD, FL 34769**

Mailing Address
**206 VERMONT AVE.
ST. CLOUD, FL 34769**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202004

Chg-P

CR2E034 (10/03)

4. FEI Number

45-0529081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAFER, ROBERT
206 VERMONT AVE.
ST. CLOUD, FL 34769**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P,VP
SHAFER, ROBERT
206 VERMONT AVE.
ST. CLOUD, FL 34769**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S,T,
SHAFER, ROBERT
206 VERMONT AVE.
ST. CLOUD, FL 34769**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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SHAFER, ROBERT
206 VERMONT AVE.
ST. CLOUD, FL 34769**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/04

Date

321-228-3086

Daytime Phone #