

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-16-2004 90003 014 ***150.00

DOCUMENT #	PO3000136238
1. Entity Name	SCHUMACHER PAINTING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10100 NW 8 LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
OCALA, FL			
Zip	Country	Zip	Country
34482			

66431000

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
52-2418250		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
CLIFFORD SCHUMACHER	
Street Address (P.O. Box Number is Not Acceptable)	
10100 NW 8 LN	
City	Zip Code
OCALA	FL 34482

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

(January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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.	
TITLE	PRESIDENT	TITLE	
NAME	CLIFFORD E SCHUMACHER	NAME	
STREET ADDRESS	10100 NW 8TH LANE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	DOROTHY W SCHUMACHER	NAME	
STREET ADDRESS	10100 NW 8TH LANE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **7-8-04** **Date** **(352) 895-8958** **Daytime Phone #**

H & R BLOCK PREMIUM

2510 SE 17TH ST
Address Line 2
OCALA, FL 34471
USA

664301000

Attachments

Phone 352-622-3365
Fax 352-622-7913

07/29/2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 11500
TALLAHASSEE, FL 32302-1500

ATTN: ANNUAL REPORTS SECTION,

SUBJECT: SCHUMACHER PAINTING, INC

REFERENCE NUMBER: P030001362

WE ARE WRITING YOU TO ASK FOR AN ABATEMENT OR FORGIVENESS OF THE \$400.00 LATE FEE. MR SCHUMACHER IS 80 YEARS OLD AND TRYING TO MAKE A LIVING. HE, LIKE SO MANY OTHER SELF-EMPLOYED, HAS BEEN CONFUSED BY THE AMOUNT OF PAPERWORK THAT THE UNINFORMED INDIVIDUALS HAVE TO SEND NOW THAT THEY HAVE TO BE INCORPORATED. BEING THAT HE ONLY INCORPORATED IN NOVEMBER OF 2003, HE DID NOT REALIZE THAT HE HAD TO PAY AGAIN FOR THE INCORPORATION.

I HAVE BEEN TRYING TO HELP HIM UNDERSTAND ALL THE NEW FORMS AND TO COMPLY WITH THE DUE DATES. IF YOU WOULD PLEASE, FORGIVE THE LATE FEE WE WILL REMIT AND SEND AS REQUESTED.

THANKING YOU IN ADVANCE, WE REMAIN

SINCERELY YOURS,

Marilyn T. MCCRORY
H & R BLOCK

CLIFFORD SCHUMACHER
SCHUMACHER PAINTING INC