

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90036 012 ***150.00

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1. Entity Name
JAMES SCHAEFER ENTERPRISES, INC.



Principal Place of Business
**17616 NW 266TH STREET
HIGH SPRINGS, FL 32643**

Mailing Address
**17616 NW 266TH STREET
HIGH SPRINGS, FL 32643**

60007565



2. Principal Place of Business

17616 NW 266th Street
Suite, Apt. #, etc.

3. Mailing Address

17616 NW 266th Street
Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State

High Springs, FL

Zip
32643

Country

USA

City & State

High Springs, FL

Zip

32643

Country

USA

4. FEI Number
20-0687243

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHAEFER, JAMES H
17616 NW 266TH STREET
HIGH SPRINGS, FL 32643**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **SCHAEFER, JAMES H**
STREET ADDRESS **17616 NW 266TH STREET**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

TITLE **D** ☐ Delete
NAME **EVERETT, DONNA L**
STREET ADDRESS **17616 NW 266TH STREET**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/06 (396)454-8061