

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90138 044 ***150.00

DOCUMENT # P04000039977

1. Entity Name
 KEVIN SCHAEFER, INC.



Principal Place of Business
 2022 UMBRELLA TREE DRIVE
 EDGEWATER, FL 32141 US

Mailing Address
 2022 UMBRELLA TREE DRIVE
 EDGEWATER, FL 32141 US

50046807



2. Principal Place of Business
 121 BRISTOL FOREST TR

3. Mailing Address
 2428 S MAPLE AVE

Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State
 SANFORD FLORIDA

City & State
 SANFORD, FLORIDA

4. FEI Number
 34-1983340

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SCHAEFER, KEVIN T
 2022 UMBRELLA TREE DRIVE
 EDGEWATER, FL 32141

7. Name and Address of New Registered Agent
 Name: DEVORE ROSA L
 Street Address (P.O. Box Number is Not Acceptable): 2428 SOUTH MAPLE AVENUE
 City: SANFORD FL Zip Code: 32771

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: *Rosa L Devore* DATE: 4/29/05

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	SCHAEFER, KEVIN T 2022 UMBRELLA TREE DRIVE EDGEWATER, FL 32141	TITLE P	KEVIN SCHAEFER INC 121 BRISTOL FOREST TRAIL SANFORD FLORIDA 32771
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *Kevin T Schaefer* DATE: 4/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND PHONE #