


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
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50046807



2. Principal Place of Business 121 BRISTOL FOREST TR	3. Mailing Address 2428 S MAPLE AVE
Suite, Apt. #, etc.	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
Zip 32771	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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: 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 reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHAEFER, KEVIN T 2022 UMBRELLA TREE DRIVE EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEVIN SCHAEFER INC 121 BRISTOL FOREST TRAIL SANFORD FLORIDA 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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