


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90039 016 ***550.00

DOCUMENT # P04000126195 1. Entity Name THOMAS H. SCHEWE, P.A.																													
Principal Place of Business 5450 BENT GRASS DR APT 302 SARASOTA FL 34235				Mailing Address 5450 BENT GRASS DR APT 302 SARASOTA FL 34235																									
2. Principal Place of Business 3360 Beneva Rd Suite, Apt. #, etc. 114				3. Mailing Address 3360 Beneva Rd Suite, Apt. #, etc. 114																									
City & State Sarasota				City & State Sarasota																									
Zip 34232		Country SARASOTA		4. FEI Number 20-1569013																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent SCHEWE, THOMAS H 5450 BENT GRASS DR APT 302 SARASOTA FL 34235				7. Name and Address of New Registered Agent Name: Thomas H Schewe Street Address (P.O. Box Number is Not Acceptable): 3360 Beneva Rd Suite 114 City: SARASOTA FL Zip Code: 34232																									
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: <i>Thomas H Schewe</i> Thomas H. Schewe 8/11/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHEWE, THOMAS H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5450 BENT GRASS DR APT 302</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34235</td> <td>CHANGE ADDRESS</td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	SCHEWE, THOMAS H		STREET ADDRESS	5450 BENT GRASS DR APT 302		CITY-ST-ZIP	SARASOTA FL 34235	CHANGE ADDRESS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3360 Beneva Rd suite 114</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34232</td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	3360 Beneva Rd suite 114		CITY-ST-ZIP	SARASOTA FL 34232	
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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: <i>Thomas H Schewe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/11/05 941-914-4269 <small>Date Daytime Phone #</small>																										