## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P04000153994  1. Entity Name SCHOFIELD & ASSOCIATES PUBLIC ADJUSTING INC.								04-15-2005	90081 00	8 ***150	0.00	
Principal Place of Business				ailing Address								
316 SAN REMO LANE N FORT MYERS, FL 33903 US				16 SAN REMO LANE I FORT MYERS, FL 33	US							
2. Principal Place of Business				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.		03282005	Chg-P	CR2E03	4 (10/03)			
City & State				City & State			4. FEI Numb	"T22C	YOKA	<del></del>	plied For Applicable	
Zip	Country			Žip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Reg				tered Agent			7. Name and Address of New Registered Agent					
COLLOGIE	D DENNI		_	<del></del>		Name						
SCHOFIELD, DENNIS M 2018 NE 10TH PLACE CAPE CORAL, FL 33909						Street Address (P.O. Box Number is Not Acceptable)						
•						City			FL	Zip Code	,	
8 The above	named entity	cubmits this statement	for the r	ournose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Ek		miliar with.	and accept	
8. The above named entry 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 egyptered agent.												
SIGNATURE William M Schatzlid Spinature, 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, 2005 Fee will be \$550.00  Trust Fund Contribution.   \$5.00 May Be Added to Fees												
10.		OFFICERS ANI	D DIREC	CTORS	11.	·	ADDITIONS	CHANGES TO OFF	ICERS AND D	DIRECTORS	IN 11	
TITLE	P Delete 1					I			ļ	☐ Change	Addition	
NAME STREET ADDRESS						AE EET ADDRESS						
CITY-ST-ZIP	CAPE CORAL, FL 33909					r-ST-ZIP						
TITLE	VP			☐ Delete	E				☐ Change	☐ Addition		
NAME CTREET ADDRESS	FREEMAN, JIMMIE L 316 SAN REMO LANE					AE Eet address						
STREET ADDRESS CITY-ST-ZIP	1	YERS, FL 33903				Y-ST-ZIP						
TITLE	S/T	,		Delete	.E ,				Change	☐ Addition		
NAME STREET ADDRESS	NELSON, VICTORIA L 316 SAN REMO L'ANE					AE EET ADDRESS						
CITY-ST-ZIP	1	IYERS, FL 33903			CIT	Y-ST-ZIP						
TITLE				☐ Delete	TM					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAA STR	ME EET ADDRESS						
CITY-ST-ZIP						Y-ST-ZIP						
TITLE NAME				☐ Delete	TITL NAM					☐ Change	Addition	
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					CIT	Y-ST-ZIP						
TITLE				Delete	TITE	ı				☐ Change	Addition	
NAME STREET ADDRESS		,,			NAM STR	EET ADDRESS						
CITY-ST-ZIP					CIT	Y-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)(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 attactment with an address, with all other like empowered.												
SIGNATURE: Minis m Schopield 4-4-05												
SIGITAL	JIL. <u>/</u>	SIGNATURE AND TYPED O	R PRINTE	D NAME OF SIGNING OFFICER	OR DEREC	CTOR		Date		ytime Phone #		