FILED
Apr 25, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000165922

1. Entity Name
NICHOLAS A SCHRIVER, PA

Principal Place of Business	Mailing Address
10460 ROOSEVELT BLVD SUITE # 292 ST PETERSBURG, FL 33716	10460 ROOSEVELT BLVD SUITE # 292 ST PETERSBURG, FL 33716

DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1983832
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HASTINGS, DAVID
2207 54TH STREET ST S
GULFPORT, FL 33707

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SCHRIVER, NICHOLAS A
STREET ADDRESS	1246 54TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	VPS
NAME	SCHRIVER, NICHOLAS A
STREET ADDRESS	1246 54TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80040-022 150.00

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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 empowered.

SIGNATURE: _____ 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FROM :DAVID C HASTINGS CPA PA FAX NO. :7273220520 Apr. 23 2007 09:02AM P1/2