

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90368 016 \*\*\*150.00

<b>DOCUMENT # P05000049247</b> 1. Entity Name <b>PROFESSIONAL OFFICE MANAGERS OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>250 N WASHINGTON AVENUE SUITE N TITUSVILLE, FL 32796 US</b>			Mailing Address <b>250 N WASHINGTON AVENUE SUITE N TITUSVILLE, FL 32796 US</b>		
2. Principal Place of Business <b>350 N Washington Ave</b>		3. Mailing Address <b>4545 Alix Lane</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Titusville, FL</b>		City & State <b>Mims</b>		4. FCI Number <b>20-2632754</b>	
Zip <b>32796</b>		Country <b>Brevard</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32754</b>		Country <b>Brevard</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOUVIER, PAUL A 3210 N WICKHAM ROAD SUITE 5 MELBOURNE, FL 32935</b>				7. Name and Address of New Registered Agent Name <b>JoAnn SchAAF</b> Street Address (P.O. Box Number is Not Acceptable) <b>4595 Alix Lane</b> City <b>Mims</b> FL Zip Code <b>32754</b>	
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 <b>JoAnn SchAAF</b> , <b>JoAnn SchAAF</b> , <b>President</b> <b>4/11/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>SCHAAF, JOANN 4595 ALIX LANE MIMS, FL 327545059</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Timothy SchAAF 4595 Alix Lane Mims, FL 32754</b> <input type="checkbox"/> Change <input checked="" 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	
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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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	
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: <b>JoAnn SchAAF</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/11/06</b> <b>(321) 583-4779</b> <small>Date Daytime Phone #</small>		