

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90011 049 ***150.00

DOCUMENT # P05000119415			
1. Entity Name SCHOFIELD INCORPORATED			
Principal Place of Business 74 HICKORY LOOP OCALA, FL 34472		Mailing Address 74 HICKORY LOOP OCALA, FL 34472	
2. Principal Place of Business - No P.O. Box # 6790 SE 58th Ave		3. Mailing Address 6790 SE 58th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34471		Zip 34471	
Country		Country	
4. FEI Number 13-4305316		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEWEY, PATRICE 74 HICKORY LOOP OCALA, FL 34472		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SCHOFIELD, VINCE STREET ADDRESS 74 HICKORY LOOP CITY-ST-ZIP OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE P NAME Schofield, Vince STREET ADDRESS 6790 SE 58th Ave CITY-ST-ZIP Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SCHOFIELD, VINCENT STREET ADDRESS 74 HICKORY LOOP CITY-ST-ZIP OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE V NAME Schofield, Vincent STREET ADDRESS 6790 SE 58th Ave CITY-ST-ZIP Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SCHOFIELD, DANIEL STREET ADDRESS 74 HICKORY LOOP CITY-ST-ZIP OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE V NAME Schofield, Daniel STREET ADDRESS 6790 SE 58th Ave CITY-ST-ZIP Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DEWEY, PATRICE STREET ADDRESS 74 HICKORY LOOP CITY-ST-ZIP OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE S NAME Dewey, Patrice STREET ADDRESS 6790 SE 58th Ave CITY-ST-ZIP Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE S NAME Schofield, Diane STREET ADDRESS 6790 SE 58th Ave CITY-ST-ZIP Ocala, FL 34471	<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
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: <i>Patrice Dewey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/15/07 <small>Date</small>	352-572-4531 <small>Daytime Phone #</small>

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