## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000128358

Entity Name: GARY SCHAD, P.A.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

818 MARALYN AVE. 1982 ST RD 44 #197

NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

1982 STATE RD 44 #197 NEW SMYRA BEACH, FL 32168

FEI Number: 20-3458288 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHAD, GARY
818 MARALYN AVE.
SCHAD, GARY
1982 ST RD 44 #197

JACKSONVILLE, FL 32169 US NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete Title: DPS (X) Change ( ) Addition

 Name:
 SCHAD, GARY
 Name:
 SCHAD, GARY

 Address:
 818 MARALYN AVE
 Address:
 1982 ST RD 44 #197

City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY SCHAD DPS 03/24/2009

Electronic Signature of Signing Officer or Director

Date