
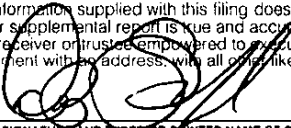


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90047 014 \*\*\*158.75

<b>DOCUMENT # P06000044062</b> 1. Entity Name <b>SCHOFIELD CONSTRUCTION INC.</b>					
Principal Place of Business <b>1523 MARSH RABBIT WAY</b> <b>ORANGE PARK, FL 32003 US</b>			Mailing Address <b>1523 MARSH RABBIT WAY</b> <b>ORANGE PARK, FL 32003 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07032007    Chg-P    CR2E034 (12/06)	
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">76-0822689</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHOFIELD, DENNIS W</b> <b>1523 MARSH RABBIT WAY</b> <b>ORANGE PARK, FL 32003</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SCHOFIELD, DENNIS W</b> <b>1523 MARSH RABBIT WAY</b> <b>ORANGE PARK, FL 32003</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 corporate empowered.					
<b>SIGNATURE:</b>		 <b>DENNIS SCHOFIELD</b>		7-1-07	904 686 4895
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40127143



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

**\*\* This information cannot be changed on the report. \*\***

Document Number **P06000044062**

Business Entity Name **SCHOFIELD CONSTRUCTION INC.**

Original File Date **03/28/2006**

### FEI Number

Principal Address **1523 MARSH RABBIT WAY  
ORANGE PARK, FL 32003 US**

Mailing Address **1523 MARSH RABBIT WAY  
ORANGE PARK, FL 32003 US**

Registered Agent **DENNIS W SCHOFIELD  
1523 MARSH RABBIT WAY  
ORANGE PARK, FL 32003 US**

### Officer/Director Name And Address

**P  
DENNIS W SCHOFIELD  
1523 MARSH RABBIT WAY  
ORANGE PARK, FL 32003 US**

☒ **After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

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