


**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90173 023 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P06000044867</b>					
1. Entity Name SCH FAMILY AND COMPANY, INC.					
Principal Place of Business 209 NE 6TH STREET FORT MEADE, FL 33841			Mailing Address 209 NE 6TH STREET FORT MEADE, FL 33841		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02212007 Chg-P CR2E034 (12/06)	
Zip		Country		4. Filing Number <b>20-4582998</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUMMINGS, EVIE H 973 TERRIE TERRACE FORT MEADE, FL 33841			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, SUE C		NAME		
STREET ADDRESS	209 NE 6TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, CARLTON M		NAME		
STREET ADDRESS	209 NE 6TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUMMINGS, THOMAS L		NAME		
STREET ADDRESS	973 TERRIE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, SUZANNE N		NAME		
STREET ADDRESS	209 NE 6TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUMMINGS, EVIE H		NAME		
STREET ADDRESS	973 TERRIE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, CARLTON W II		NAME		
STREET ADDRESS	209 NE 6TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
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 of 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>Evie Cummings</i>			Date: 4-16-07 863-285-9924		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day and Phone #</small>		

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