

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073693

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** DAVID SCHUMAN INSURANCE INC

**Current Principal Place of Business:**

1830 NE PINE ISLAND ROAD  
UNIT 170  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

24227 TREASURE ISLAND BLVD  
PUNTA GORDA, FL 33955

**New Mailing Address:**

**FEI Number:** 27-3419042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHUMAN, DAVID R  
24277 TREASURE ISLAND BLVD  
PUNTA GORDA, FL 33955 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: SCHUMAN, DAVID R  
Address: 24227 TREASURE ISLAND BLVD  
City-St-Zip: PUNTA GORDA, FL 33955

I hereby 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 all other like empowered.

SIGNATURE: DAVID R. SCHUMAN

PVST

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date