

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P94000012330

1. Entity Name

GERRY SCHABRUCH, P.A.



FILED

**Mar 22, 2004 8:00 am
Secretary of State**

03-22-2004 90294 006 ***150.00

Principal Place of Business
5272 W CORRAL PLACE
BEVERLY HILLS FL 34465
US

Mailing Address
P.O. BOX 1533
CRYSTAL RIVER FL 34423-1533

2. Principal Place of Business
5182 N. ANDRI DR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
59-3225480

City & State
CRYSTAL RIVER, FL

Zip
34428

Country
USA

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
SCHABRUCH, GERRY
5182 N. ANDRI DRIVE
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5182 N. ANDRI DRIVE
City CRYSTAL RIVER FL Zip Code 34428

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHABRUCH, GERRY 5272 W CORRAL PLACE BEVERLY HILLS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GERRY SCHABRUCH 5182 N. ANDRI DR. CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHABRUCH, PATRICIA A 5182 NW ANDRI DRIVE CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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
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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04

352-795-2441

Date

Daytime Phone #