2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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1. Entity Name
KEN SCHUMAN INSURANCE OF CAPE CORAL INC.

Principal Place of Business	Mailing Address
4533A DEL PRADO BLVD. CAPE CORAL, FL 33904-7442	4533A DEL PRADO BLVD. CAPE CORAL, FL 33904-7442

01272006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0662299
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUMAN, KENNETH L SR.
4533A DEL PRADO BLVD.
CAPE CORAL, FL 33904-7442

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHUMAN, KENNETH L SR.
STREET ADDRESS	12320 COUNTRY EAGLE LANE
CITY ST ZIP	CAPE CORAL, FL
TITLE	D
NAME	SCHUMAN, MARILYN A
STREET ADDRESS	12320 COUNTRY EAGLE LANE
CITY ST ZIP	CAPE CORAL, FL
TITLE	D
NAME	SCHUMAN, DONNA T
STREET ADDRESS	12320 COUNTRY EAGLE LANE
CITY ST ZIP	CAPE CORAL, FL
TITLE	D
NAME	SCHUMAN, KIMBERLY A
STREET ADDRESS	12320 COUNTRY EAGLE LANE
CITY ST ZIP	CAPE CORAL, FL 33909
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/28/06-80034-010 150.00

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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 other like empowered.

SIGNATURE: Kenneth L Schuman KENNETH L. SCHUMAN SR 4-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #