05-09-2007 90100 017 ***150.00
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2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

07 JUL -3 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66019590

DOCUMENT # P96000061178

1. Entity Name
G. A. SCHAFFER CONSTRUCTION

Principal Place of Business	Mailing Address
9000 BROKEN LANCE DRIVE TALLAHASSEE FL 32312	9000 BROKEN LANCE DRIVE TALLAHASSEE FL 32312

1st MOORE CR2E034 (10/06)

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

4. FEI Number 59-3387390 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHAFFER, GARY A 9000 BROKEN LANCE DRIVE TALLAHASSEE FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) 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
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, 2007 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	PSTD SCHAFFER, GARY A 9000 BROKEN LANCE DRIVE TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD JAMES FANN 8049 Blue Smoke TR Tallahassee, Fl 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHAFFER, SUSAN 6753 THOMASVILLE RD. #108-102 TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Scott LeRoy 1111 High Rd Tallahassee, Florida 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHAFFER, TRAVIS 1572 KELLY RUN TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLACKWELL, TIMOTHY 4910 E MAHAN DR TALLAHASSEE FL 32310	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD SCHAFFER, DAVID A 4910 E MAHAN DR TALLAHASSEE FL 32310	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 6/18/07 668-9469
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #