2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P96000061178

Entity Name: G. A. SCHAFFER CONSTRUCTION, INC.

Current Principal Place of Business:

9000 BROKEN LANCE DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

9000 BROKEN LANCE DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3387390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFFER, GARY A
9000 BROKEN LANCE DRIVE
TALLAHASSEE, FL 32312 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SCHAFFER, GARY A
Address: 9000 BROKEN LANCE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete
Name: SCHAFFER, SUSAN
Address: 6753 THOMASVILLE RD. #108-102
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: SCHAFFER, TRAVIS
Address: 1572 KELLY RUN
City-St-Zip: TALLAHASSEE, FL 32301

Title: MD ( ) Delete
Name: FANN, JAMES
Address: 8049 BLUE SMOKE TR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SCHAFFER, SUSAN
Address: 9000 BROKEN LANCE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Change ( ) Addition
Name: SCHAFFER, TRAVIS
Address: 3252 CONNIE DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY SCHAFFER PSTD 04/22/2009

Electronic Signature of Signing Officer or Director — Date