

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098062

FILED
Mar 27, 2010
Secretary of State

Entity Name: THE SCHUMACHER GROUP OF FLORIDA, INC.

Current Principal Place of Business:

200 CORPORATE BLVD.
SUITE 201
LAFAYETTE, LA 70508

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 82368
ATTEN: LISHA FALK
LAFAYETTE, LA 705988236

New Mailing Address:

P.O. BOX 82368
LAFAYETTE, LA 705988236

FEI Number: 59-3414339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: C
Name: SCHUMACHER, WILLIAM C MD
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: ICFO
Name: BOURQUE, MARIE E
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: CSV P
Name: FALK, LISHA C
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: PD
Name: PILGRIM, RANDAL L
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: COO
Name: GUIDRY, JAMES JR
Address: 200 CORPORATE BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

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: LISHA C FALK

CSV P

03/27/2010

Electronic Signature of Signing Officer or Director

_____ Date