


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

10F2

DOCUMENT # P97000001693  
 1. Entity Name  
 ROBERT SHAFER & ASSOCIATES, P.A.



FILED

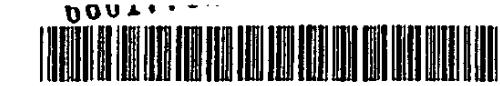
06 JUL 12 AM 7:27

STATE OF FLORIDA

Principal Place of Business  
 24 NORTH MARKET ST.  
 #305  
 JACKSONVILLE, FL 32202

Mailing Address  
 24 NORTH MARKET ST.  
 #305  
 JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-P CR2E034 (11/05) 06

4. FEI Number  
 59-3428113

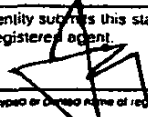
Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
 SHAFER, ROBERT, ESQ.  
 24 NORTH MARKET ST.  
 #305  
 JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**

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: 4/24/06

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

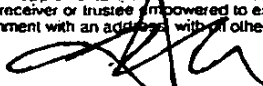
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SHAFER, ROBERT 24 NORTH MARKET ST. #305 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000551449  
 05/13/06-90098-021 150.00

500077731996  
 07/19/06--01049--011 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

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 or other like empowered.

SIGNATURE:  DATE: 4/24/06 DAYTIME PHONE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

June 30, 2006

Division of Corporations  
Uniform Business report Filings  
P.O. Box 6198  
Tallahassee, FL 32314

Re: The Law Offices of  
Robert Shafer & Associates, P.A.  
Corporate Annual Report  
P97000001693

We returned annual report along with check #3275 in the amount of \$150.00 on April 26, 2006.

On May 24, 2006 we received letter from State saying that report AND check were received but that annual report was not signed, see attached. The report was signed and returned.

On June 6, 2006 we received letter saying you have signed annual report and no check.

We are enclosing a copy of signed annual report and an additional check in the amount of \$150.00 to avoid any more unnecessary problems. Please void check #3275.

Karen Shafer



Office Manager

attachments