2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 07, 2005 8:00 am **Secretary of State** DOCUMENT # P97000023639 02-07-2005 90061 032 ***150.00 SCHEARBROOK LAND AND LIVESTOCK, INC. Principal Place of Business Mailing Address 9551 SAN VITTORE ST PO BOX 13542 40010044 LAKE WORTH FL 33467 DAYTON OH 45413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 31-0354920 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAX, SPENCER M C/O SACHS, SAX & KLEIN, P.A. 301 YAMATO ROAD Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** City 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE □ Delete TITLE Change SCHEAR, EUGENE C NAME 9551 SAN VittoreST STREET ADDRESS 6661 LYONS ROAD STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME ZELLER, JAMES M NAME 6661 LYONS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP ☐ Delete ☐ Addition NAME SCHEAR, LEE NAME STREET ADDRESS STREET ADDRESS 6661 LYONS ROAD CHY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

937-277-0277

FILED