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Secretary of State
03-14-2008 90029 041 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000023639

1. Entity Name
SCHEARBROOK LAND AND LIVESTOCK, INC.

Principal Place of Business	Mailing Address
9551 SAN VITTORE ST LAKE WORTH, FL 33467	PO BOX 13542 DAYTON, OH 45413

400045284

01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0354920
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAX, SPENCER M
C/O SACHS, SAX & KLEIN, P.A.
301 YAMATO ROAD
BOCA RATON, FL 33431

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHEAR, EUGENE C
STREET ADDRESS	9551 SAN VITTORE STREET
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VP
NAME	ZELLER, JAMES M
STREET ADDRESS	3876 N. DIXIE DRIVE
CITY-ST-ZIP	DAYTON, OH 45413
TITLE	D
NAME	SCHEAR, LEE
STREET ADDRESS	100 E. THIRD ST.
CITY-ST-ZIP	DAYTON, OH 45402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: James M. Zeller 2/8/08 937 277-0277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #