

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90099 044 ***150.00

DOCUMENT # P97000045813					
1. Entity Name BOEHM & SCHAUER, INC.					
Principal Place of Business 5342 STAFFORD CIRCLE PACE, FL 32571			Mailing Address 5342 STAFFORD CIRCLE PACE, FL 32571		
2. Principal Place of Business 4118 Chartwell St. Suite, Apt. #, etc.		3. Mailing Address 4118 Chartwell St. Suite, Apt. #, etc.			
City & State Pace, FL Zip: 32571		City & State Pace, FL Zip: 32571		4. FEI Number 59-3453843	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SCHAUER, CLIFTON R 4118 CHARTWELL ST. PACE, FL 32571			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEHM, JAMES R <input checked="" type="checkbox"/> Delete 5342 STAFFORD CIRCLE PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAUER, CLIFTON R <input type="checkbox"/> Delete 4118 CHARTWELL ST PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schauer, Teresa F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4118 Chartwell St Pace, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Clifton R Schauer</u> Clifton R Schauer 1-9-05 850-995-8557					