

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90078 033 ***150.00

DOCUMENT # P97000085701

1. Entity Name
DAISY J. SCHAPHEER, INC.



Principal Place of Business
14241 60TH STREET NORTH
CLEARWATER, FL 33760

Mailing Address
601 JEFFERSON DAVIS HWY
SUITE 201
FREDERICKSBURG, VA 22401

40046492



2. Principal Place of Business - No P.O. Box #
1668 N. Hercules Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit E

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33765

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3470425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAKEFORD & DRAKEFORD, P.A.
14241 60TH STREET NORTH
CLEARWATER, FL 33760

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1668 N. Hercules Ave

Unit E.

City

Clearwater

FL

Zip Code

33765

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]
Signature, typed or printed name of registered agent and title if applicable

WALTER DRAKEFORD

3-30-07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCHAPHEER, DAISY J
STREET ADDRESS P.O. BOX 4534
CITY - ST - ZIP LANCASTER, CA 93539

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daisy Schapheer

Daisy Schapheer

3-30-07

Date

Daytime Phone #