

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90376 006 \*\*\*158.75

**DOCUMENT # P98000047097**

1. Entity Name

SCHAAF & ASSOCIATES, INC.



Principal Place of Business

335 S 3RD ST  
LANTANA FL 33462  
US

Mailing Address

335 S 3RD ST  
LANTANA FL 33462  
US

2. Principal Place of Business

327 South 3rd Street

3. Mailing Address

327 South 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana FL

City & State

Lantana, FL

Zip

33462

Country

Palm Beach

Zip

33462

Country

Palm Beach



MOORE

CR2E034 (11/03)

4. FEI Number

65-0836054

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHAAF, TROY S  
335 S 3RD ST  
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name Rosetta L. Schauf

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

327 S. 3rd STREET

City

Lantana, FL

FL

Zip Code

33462

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

Rosetta L. Schauf  
President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHAAF, TROY	
STREET ADDRESS	335 SOUTH 3RD STREET	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHAAF, ROSETTA	
STREET ADDRESS	335 SOUTH 3RD STREET	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	<del>VERESS</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VILE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAAF, TROY	
STREET ADDRESS	327 South 3rd Street	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAAF, ROSETTA	
STREET ADDRESS	327 South 3rd Street	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	VILE PRESIDENT OF OPERATION	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERESS, RICHARD	
STREET ADDRESS	327 South 3rd Street	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAAF, TROY	
STREET ADDRESS	327 South 3rd Street	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAAF, ROSETTA	
STREET ADDRESS	327 South 3rd Street	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Rosetta L. Schauf  
President

4-27-04

561 585 4380

Date

Daytime Phone #