- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000014765

 Entity Name SHAFER DEVELOPMENT CORPORATION



FILED Jan 25, 2007 08:00 A Secretary of State

Principal Place of Business 406 LAKESHORE DRIVE

EUSTIS, FL 32726

Mailing Address

380 WEST ALFRED STREET C/O WILLIAMS, SMITH & SUMMERS, P.A. TAVARES, FL 32778



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01192007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3566189 Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMERS, GARY L 380 WEST ALFRED ST TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees			U00000604330 01/29/07-80049-014 150.00				
10.	OFFICERS AND DIREC								
HILE NAME STREET ADDRESS CITY-ST-ZIP	DVT SHAFER, STEPHEN R 12730 C.R. 561 CLERMONT, FL 34711								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SHAFER, STEPHEN A 406 LAKESHORE DRIVE EUSTIS, FL 32726			-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CATY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,							
12. Thereby certify that the information supplied with this filling 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 of 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.									

Stephen A. Shafer

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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