

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S55956

1. Entity Name
NORMAN L. SCHROEDER, II, P.A.



Principal Place of Business
6801 LAKE WORTH RD
SUITE 120
LAKE WORTH, FL 33467

Mailing Address
6801 LAKE WORTH RD
SUITE 120
LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHROEDER NORMAN L
6801 LAKE WORTH RD
SUITE 120
LAKE WORTH, FL 33467

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0263669	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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IN THIS SPACE**

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, 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, 2004 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
NAME SCHROEDER, NORMAN L.
STREET ADDRESS 274 WRANGLE WOOD DR
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE P
NAME SCHROEDER, NORMAN L.
STREET ADDRESS 274 WRANGLE WOOD DR
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN L. SCHROEDER 1/16/04 (561) 772-0884

Date

Daytime Phone #

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