


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90500 012 ***158.75

DOCUMENT # S74922	
1. Entity Name THE SCHRIVER COMPANY, INC.	

Principal Place of Business 1885 SW 216 ST MIAMI, FL 33176 US	Mailing Address 14021 SW 92 AVE MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE

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04202004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent KISSANE, JOSEPH T. 200 SOUTH BISCAYNE BLVD. SUITE 3500 MIAMI, FL 33131
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DO NOT WRITE 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRIVER, MARGARET J. 14021 S.W. 92ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRIVER, JOSEPH A. 14021 S.W. 92ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, WILLIAM 9250 S.W. 136TH ST CIR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRIVER, MICHAEL A. 10850 N. KENDALL DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRIVER, KABRINA M. 14021 S.W. 92ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: *M. Jean Schriver* 4-20-04 305-251-8967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Margaret Jean Schriver