

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74922

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: THE SCHRIVER COMPANY, INC.

## Current Principal Place of Business:

18855 SW 216 ST  
MIAMI, FL 33170 US

## New Principal Place of Business:

## Current Mailing Address:

14021 SW 92 AVE  
MIAMI, FL 33176 US

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KISSANE, JOSEPH T.  
200 SOUTH BISCAYNE BLVD.  
SUITE 3500  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

KISSANE, JOSEPH T.  
944 BIRDWOOD DR.  
ORANGE PARK, FL 32073 US

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.

SIGNATURE:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHRIVER, MARGARET J.  
Address: 14021 S.W. 92ND AVE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: SCHRIVER, JOSEPH A.  
Address: 14021 S.W. 92ND AVE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: REED, WILLIAM  
Address: 9250 S.W. 136TH ST CIR  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: SCHRIVER, MICHAEL A.  
Address: 10850 N. KENDALL DR  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: SCHRIVER, KABRINA M.  
Address: 14021 S.W. 92ND AVE  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET J. SCHRIVER

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date