


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V07953</b> 1. Entity Name <b>A.E.T. OF CENTRAL FLORIDA OF SCHAEFFER &amp; HENDERSON, P.A.</b>	
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Principal Place of Business <b>1515 E. SILVER SPRINGS BLVD SUITE 112 OCALA, FL 34470 US</b>	Mailing Address <b>P.O. BOX 2854 OCALA, FL 34478 US</b>
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**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3101712</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  <b>BRILL, THEODORE F ESQ 8211 W BORWARD BLVD PLANTATION, FL 33324-2750</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SCHAEFFER, RICHARD F 4952 BOCKAIRE BLVD BOCA RATON, FL 334871162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR HENDERSON, DANIEL J 1515 E SILVER SPRGS BLVD OCALA, FL
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01/16/08-80042-012 150.00

12. I hereby certify that the information supplied with this filing 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 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:** *D. Henderson* **Daniel J. Henderson** **1/11/08** **352.732.3333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #