


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

|  |                                     |  |  |   |  |
|--|-------------------------------------|--|--|---|--|
| <b>DOCUMENT # 333219</b><br>1. Entity Name<br><b>BRASS &amp; SCHNEIDER, INC.</b>   |                                     |  |  |                |  |
| Principal Place of Business<br>27 NW IVANHOE BLVD<br>ORLANDO FL 32804<br>US  |                                     | Mailing Address<br>PO BOX 540263<br>ORLANDO FL 32854<br>US |  |   |  |
| 2. Principal Place of Business   |                                     | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.  |  |   |  |
| City & State   |                                     | City & State   |  | 4. FEI Number <b>59-1217104</b>   |  |
| Zip  |                                     | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                                     |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>SCHNEIDER, ALVIN R</b><br><b>27 NW IVANHOE BLVD</b><br><b>ORLANDO FL 32804</b>  |                                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 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 _____  |                                     |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                                     |  | 9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees<br>Trust Fund Contribution. <input type="checkbox"/>   |   |  |
| 10. OFFICERS AND DIRECTORS   |                                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.   |   |  |
| TITLE  | PRS <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | SCHNEIDER, ALVIN R                  |  | NAME   |   |  |
| STREET ADDRESS   | 27 NW IVANHOE BLVD                  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | ORLANDO FL 32804                    |  | CITY-ST-ZIP  |   |  |
| TITLE  | VP <input type="checkbox"/> Delete  |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | SCHNEIDER, SCOTT                    |  | NAME   |   |  |
| STREET ADDRESS   | 27 NW IVANHOE BLVD                  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | ORLANDO FL 32804                    |  | CITY-ST-ZIP  |   |  |
| TITLE  | ST <input type="checkbox"/> Delete  |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | SCHNEIDER, ANNE B                   |  | NAME   |   |  |
| STREET ADDRESS   | 27 NW IVANHOE BLVD                  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | ORLANDO FL 32804                    |  | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                                     |  | NAME   |   |  |
| STREET ADDRESS   |                                     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                     |  | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                                     |  | NAME   |   |  |
| STREET ADDRESS   |                                     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                     |  | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                                     |  | NAME   |   |  |
| STREET ADDRESS   |                                     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                     |  | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Alvin R. Schneider</i>   |                                     |  | Alvin R. Schneider, Pres 3-19-06 407 894-4400<br>Date Daytime Phone #  |   |  |



1st MOORE CR2E034 (10/05)

Applied For  
Not Applicable

**\$8.75** Additional Fee Required

**FL** Zip Code

U00000477431  
04/06/06-80053-010 150.00