


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # G44818
 1. Entity Name
SCHMIER & FEURRING PROPERTIES, INC.



Principal Place of Business Mailing Address
7777 GLADES RD., STE 310 **7777 GLADES RD., STE 310**
BOCA RATON, FL 33434-1150 **BOCA RATON, FL 33434-1150**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2299287 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHMIER, ROBERT J.
7777 GLADES ROAD, STE 310
BOCA RATON, FL 33434

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000519070
 05/02/06-80037-019 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIER, ROBERT J 7777 GLADES RD STE 310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS FEURRING, DOUGLAS R 7777 GLADES RD STE 310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, KATHRYN A. 7777 GLADES RD STE 310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMIER, BRIAN S 7777 GLADES ROAD, SUITE 310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 an other like empowered.

SIGNATURE:  **4.13.06** **561/483-8400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert J. Schmier, Pres.