

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
06-30-2005 90003 006 \*\*\*158.75  
FILED J27979

05 JUL 19 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J27979

1. Entity Name  
SCHMIER & FEURRING HOLDINGS, INC.



Principal Place of Business  
7777 GLADES RD.  
SUITE 310  
BOCA RATON, FL 33434

Mailing Address  
7777 GLADES RD.  
SUITE 310  
BOCA RATON, FL 33434

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0106331

Applied For  
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, SUITE 310  
BOCA RATON, FL 33434

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when re-statuting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
FEURRING, DOUGLAS R.  
7777 GLADES RD #310  
BOCA RATON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
SCHMIER, ROBERT J.  
7777 GLADES RD #310  
BOCA RATON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
LOPEZ, KATHRYN A.  
7777 GLADES RD #310  
BOCA RATON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Schmier, Pres.

April 28, 2005 561-483-8400

Date

Daytime Phone #