


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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 |
|---|---|



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------|--|
| 4. FEI Number 65-0106331 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000519052
 05/02/06-80037-014 158.75

| 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 | OP 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 | |

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 all other like empowered.

SIGNATURE: Robert J. Schmier 4-13-06 561/483-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert J. Schmier, Pres.