2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 08:00 AM Secretary of State

DOCL	JMEN	Τ#.	127	979
------	------	-----	-----	-----

1. Entity Name

SCHMIER & FEURRING HOLDINGS, INC.



Principal Place of Business

BOCA RATON, FL 33434

Mailing Address

7777 GLADES RD. SUITE 310

7777 GLADES RD.

DO NOT WRITE IN THIS SPACE

SUITE 310

BOCA RATON, FL 33434



01042007

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIREC	CTORS		<u></u>	
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				U00000734893 05/10/07-80011-019 158.7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, KATHRYN A. 7777 GLADES RD #310 BOCA RATON, FL			DO N	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		7	^		

12. I hereby certify that the information supplied with this hiling 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 annowared 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. APR 2 4 2007

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Schmier, Pres.