


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K10180**  
 1. Entity Name  
**SCHMIER & FEURRING REALTY, 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: **65-0106328** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LOPEZ, KATHRYN A.  
 7777 GLADES RD.  
 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, 2005 Fee will be \$350.00**

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

UN0000343969  
 04/29/05-80119-010 158.75

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	DTS LOPEZ, KATHRYN A. 7777 GLADES RD., STE.310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REGISTER, ROXANNE 7777 GLADES RD., STE.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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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.**  
 Date: **April 28, 2005** Daytime Phone #: **561-483-8400**