


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K10180
 1. Entity Name
SCHMIER & FEURRING REALTY, INC.



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

DO NOT WRITE IN THIS SPACE



04132008 No Chg-P CR2E034 (11/05)

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

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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

000000519043
 05/02/06-80037-011 158.75

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