


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2008 08:00 AM
Secretary of State**

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



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

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0106328	Applied For Not Applicable
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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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	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 CARMONA, JENNIFER 7777 GLADES RD SUITE 310 BOCA RATON, FL 33434
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:  **Robert J. Schmier, President** 3/25/08 561-483-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #