


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90070 035 \*\*\*150.00

DOCUMENT # P94000069324			
1. Entity Name SCHEU AND SCHEU, INC.			
Principal Place of Business 106240 OVERSEAS HWY KEY LARGO, FL 33037 US		Mailing Address 106240 OVERSEAS HWY KEY LARGO, FL 33037 US	
2. Principal Place of Business 2 North Blackwater Lane		3. Mailing Address 2 N. Blackwater Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key Largo, FL		City & State Key Largo, FL	
Zip 33037		Zip 33037	
Country		Country	
01132005		Chg-P	
CR2E034 (10/03)		4. FEI Number 65-0511651	
Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHEU, BARBARA 298 BUTTONWOOD DRIVE KEY LARGO, FL 33037		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	
Zip Code			
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SCHEU, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEU, WILLIAM	NAME	
STREET ADDRESS	298 BUTTONWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL	CITY-ST-ZIP	
TITLE	PA SCHEU, BARBARA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEU, BARBARA	NAME	
STREET ADDRESS	298 BUTTONWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL	CITY-ST-ZIP	
TITLE	EVP SCHEU, CASEY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEU, CASEY	NAME	
STREET ADDRESS	104 PT PLEASANT DR.	STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037	CITY-ST-ZIP	
TITLE	CFO SCHEU, VERONICA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEU, VERONICA	NAME	
STREET ADDRESS	104 PT PLEASANT DR.	STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Veronica Scheu</u>		Date: <u>1/28/05</u> 305 457 1230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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