

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J49795

**FILED**  
**Apr 19, 2014**  
**Secretary of State**  
**CC8265065139**

**Entity Name:** SCHMIDT CONSTRUCTION, INC.

**Current Principal Place of Business:**

5224 KENILWORTH DR.  
FT. MYERS, FL 33919

**Current Mailing Address:**

5224 KENILWORTH DR.  
FT. MYERS, FL 33919

**FEI Number: 59-2754595**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SCHMIDT, PERRI, L.  
5224 KENILWORTH DR.  
FT. MYERS, FL 33919 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	S	Title	PT
Name	SCHMIDT, GREGORY A	Name	SCHMIDT, PERRI L
Address	5224 KENILWORTH DR.	Address	5224 KENILWORTH DR.
City-State-Zip:	FT. MYERS FL 33919	City-State-Zip:	FT. MYERS FL 33919

Title VP  
Name SCHMIDT, DONALD M  
Address 5224 KENILWORTH DR.  
City-State-Zip: FT. MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PERRI SCHMIDT**

**PRESIDENT/ TREASURER 04/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date