

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 151246

FILED
Jan 10, 2005
Secretary of State

Entity Name: SCHMIDT ENTERPRISES OF THE SOUTHEAST, INC.

Current Principal Place of Business:

1990 3RD ST. S.
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1990 3RD ST. S.
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-0572999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, JOHN C
55 SAN JUAN DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHMIDT, CHRISTINE H
Address: 4232 ORTEGA FOREST DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: SCHMIDT ROBERT T,
Address: 4232 ORTEGA FOREST DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD () Delete
Name: SCHMIDT, WILLIAM G,
Address: 4814 ALGONQUIN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: SCHMIDT, JOHN C,
Address: 55 SAN JUAN DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: SCHMIDT, KENT H,
Address: 1003 GREENRIDGE RD.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN C. SCHMIDT

SD

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date