

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 306761**

1. Entity Name  
**WILSON & SCHMIDT, INC.**



Principal Place of Business  
**255 S ORANGE AVE  
SUITE #750  
ORLANDO, FL 32801 US**

Mailing Address  
**P.O. BOX 1793  
ORLANDO, FL 32802 US**



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1157809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SCHMIDT, MICHAEL H.  
255 S ORANGE AVE  
750  
ORLANDO, FL 32801**

**DO NOT WRITE  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: D  
NAME: WILSON, JOHN A.  
STREET ADDRESS: 255 S ORANGE AVE, STE 750  
CITY-ST-ZIP: ORLANDO, FL 32801

TITLE: PSTD  
NAME: SCHMIDT, MICHAEL H.  
STREET ADDRESS: 255 S ORANGE AVE STE 750  
CITY-ST-ZIP: ORLANDO, FL 32801

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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STREET ADDRESS:  
CITY-ST-ZIP:

000000154867  
05/05/04-80012-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 redeemer 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: Michael H. Schmidt 2004 05 03 1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #