



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90005 039 ***150.00

DOCUMENT # 497490					
1. Entity Name SCHNEIDER AND POMYKALA, CHARTERED <i>Schneider Chartered</i>					
Principal Place of Business 3260 FRUITVILLE RD C SARASOTA, FL 34237			Mailing Address 3260 FRUITVILLE RD C SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box # 2425 FRUITVILLE RD		3. Mailing Address 2425 FRUITVILLE RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05072008 Chg-P CR2E034 (12/06)	
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 59-1635820	
Zip 34237		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, FRED C. 3260 FRUITVILLE RD SUITE C SARASOTA, FL 34237			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 2425 FRUITVILLE RD		
			City <i>SARASOTA</i> FL Zip Code <i>34232</i>		
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 \$550.00 Due by September 12, 2008		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 PD	SCHNEIDER, FRED C <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3708 RIVIERA DRIVE			STREET ADDRESS		
CITY-ST-ZIP SARASOTA, FL			CITY-ST-ZIP		
TITLE TD	POMYKALA, JOSEPH P. <input checked="" type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2392 JAMES LN			STREET ADDRESS		
CITY-ST-ZIP SARASOTA, FL			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Fred Schneider</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/6/08 941-366-7133 Date Daytime Phone #		