


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 524822 1. Entity Name ANGLE & SCHMID, INC.	
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Principal Place of Business P O BOX 40907 ST PETERSBURG, FL 33743-0907	Mailing Address P O BOX 40907 ST PETERSBURG, FL 33743-0907
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DO NOT WRITE IN THIS SPACE

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1712534	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGLE, ROBERT P
2150-34TH WAY NO
LARGO, FL 33771

**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 relocating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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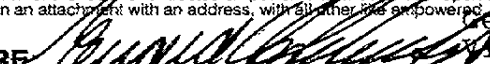
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGLE, ROBERT P. 2150 34TH WAY, NO LARGO, FL 00000, 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHMID, GERARD R 2150 -34TH WAY N. LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/11/04-80024-007 158.75

**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)(j), 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 persons empowered.

SIGNATURE  **Gerard R. Schmid** Vice President **02-03-04** 727-530-1467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #