2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # 537748

1. Entity Name
SCHROEDER AND OWENBY, INC.

Principal Place of Business	Mailing Address
815 WEST PEAR ST. LAKELAND, FL 33815	P.O. BOX 868 LAKELAND, FL 33802

01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1846936
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, GEORGE
815 WEST PEAR ST.
LAKELAND, FL 33801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHROEDER, GEORGE
STREET ADDRESS	312 PALENCIA PLACE
CITY-ST-ZIP	LAKELAND FL,
TITLE	TD
NAME	SCHROEDER, MICHAEL
STREET ADDRESS	6534 SUNSET RIDGE RD
CITY-ST-ZIP	LAKELAND FL,
TITLE	D
NAME	SCHROEDER, DOROTHY
STREET ADDRESS	312 PALENCIA PLACE
CITY-ST-ZIP	LAKELAND FL,
TITLE	D
NAME	SCHROEDER, TERRY
STREET ADDRESS	4415 HARDEN BLVD
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	HUTCHISON, KELLEY
STREET ADDRESS	6858 HAYTER CT
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000031S7
02/05/08-80014-022 150.00

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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: Terry Schroeder 1.18.08 863.640.8251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #