

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

7212 4/12/07 **FILED**
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # 580326

1. Entity Name
SCHWEND, INC.



Principal Place of Business

**28945 JOHNSTON RD
DADE CITY, FL 33523 US**

Mailing Address

**28945 JOHNSTON RD
DADE CITY, FL 33523**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1896767

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HERSCH, LARRY S., ESQ.
2025 SOUTH HIGHWAY 301
DADE CITY, FL 33525**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	SCHWEND, CHARLES
STREET ADDRESS	28945 JOHNSTON RD
CITY-STATE-ZIP	DADE CITY, FL 33523
TITLE	STD
NAME	SCHWEND, JUDITH
STREET ADDRESS	28945 JOHNSTON RD
CITY-STATE-ZIP	DADE CITY, FL 33523
TITLE	VP
NAME	SCHWEND, JEFFREY
STREET ADDRESS	28741 JOHNSTON RD
CITY-STATE-ZIP	DADE CITY, FL 33523
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/11/07-80051-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #