

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829601

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: SCHMELZER SALES ASSOCIATES, INC.

**Current Principal Place of Business:**

6211 N 56TH STREET  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16457  
TAMPA, FL 336876457 US

**New Mailing Address:**

FEI Number: 71-0355734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHMELZER, G., RICHARD, JR.  
6211 N 56TH STREET  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHMELZER, G.R., JR.  
Address: 406 PINEHURST AVE  
City-St-Zip: TEMPLE TERR, FL

Title: VD ( ) Delete  
Name: SCHMELZER, DONNA R.,  
Address: 11 CHAPARRAL LANE  
City-St-Zip: LITTLE ROCK, AR

Title: STD ( ) Delete  
Name: SCHMELZER, KATHRYNE, B  
Address: 406 PINEHURST AVE  
City-St-Zip: TEMPLE TERR, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYNE B SCHMELZER

STD

02/02/2006

Electronic Signature of Signing Officer or Director

Date