

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90042 002 ***150.00

DOCUMENT # F02000005301

1. Entity Name

SCHIAPPA DEVELOPMENT GROUP, INC.



Principal Place of Business

200 SOUTH FOURTH STREET.
STEUBENVILLE OH 43952

Mailing Address

PO BOX 4609
STEUBENVILLE OH 43952

34019769



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

34-1601634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIAPPA, MICHAEL P
630 S. SAPODILLA AVENUE PH 15
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	SCHIAPPA, MICHAEL P	
STREET ADDRESS	630 S. SAPODILLA AVENUE PH 15	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHIAPPA, A. ALBERT	
STREET ADDRESS	4405 FAIRWAY DRIVE	
CITY-ST-ZIP	STEUBENVILLE OH 43952	
TITLE	S	<input type="checkbox"/> Delete
NAME	VINCE, LINDA C	
STREET ADDRESS	17 CARAVEL PLACE	
CITY-ST-ZIP	CROSS CREEK OH 43953	
TITLE	T	<input type="checkbox"/> Delete
NAME	FETH, JOAN E	
STREET ADDRESS	110 HIDDENWOOD	
CITY-ST-ZIP	STEUBENVILLE OH 43952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIAPPA, PAULINE A	
STREET ADDRESS	2625 SAUSALITO DRIVE	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joan E Feth* Treasurer **JOAN E Feth** 3-16-04 740-284-1476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #