

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90324 022 ***150.00

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1601634

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

483 SAVOIE DR

City

Palm Beach Gardens FL

Zip Code

33410

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, 2005 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
NAME SCHIAPPA, MICHAEL P ☐ Delete
STREET ADDRESS 630 S. SAPODILLA AVENUE PH 15
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE DV
NAME SCHIAPPA, A. ALBERT ☐ Delete
STREET ADDRESS 4405 FAIRWAY DRIVE
CITY-ST-ZIP STEUBENVILLE OH 43952

TITLE S
NAME VINCE, LINDA C ☐ Delete
STREET ADDRESS 17 CARAVEL PLACE
CITY-ST-ZIP CROSS CREEK OH 43953

TITLE T
NAME FETH, JOAN E ☐ Delete
STREET ADDRESS 110 HIDDENWOOD
CITY-ST-ZIP STEUBENVILLE OH 43952

TITLE D
NAME SCHIAPPA, PAULINE A ☒ Delete
STREET ADDRESS 2625 SAUSALITO DRIVE
CITY-ST-ZIP CARLSBAD CA 92008

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 483 SAVOIE DR
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05

Date

561-694-1854

Daytime Phone #