

ANNUAL REPORT (AR)

DOCUMENT # F53838

1. Entity Name

SCHRADER CONSTRUCTION COMPANY, INC.



FILED
Feb 07, 2005 08:00 AM
Secretary of State

Principal Place of Business

449 ROCKEFELLER DRIVE
NEW SMYRNA FL 32168
US

Mailing Address

449 ROCKEFELLER DRIVE
NEW SMYRNA FL 32168
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2147416

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

SCHRADER, KIMBERLY
449 ROCKEFELLER DRIVE
NEW SMYRNA FL 32168

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

Kimberly Schrader

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME SCHRADER, CLAUDE
STREET ADDRESS 1213 MARBELLA LANE
CITY- ST- ZIP PALM BEACH FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS 000000220600
CITY- ST- ZIP 02/08/05-80077-008 150.00 ☐ Change ☐ Addition

TITLE ST
NAME SCHRADER, KIMBERLY
STREET ADDRESS 449 ROCKEFELLER DR
CITY- ST- ZIP NEW SMYRNA FL 32168 ☐ Delete

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

TITLE P
NAME SCHRADER, RAYMOND A
STREET ADDRESS 449 ROCKEFELLER DR
CITY- ST- ZIP NEW SMYRNA FL 32168 ☐ Delete

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

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kimberly Schrader Sec/Trea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/05 386-547-8771