


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F53838 1. Entity Name SCHRADER CONSTRUCTION COMPANY, INC.	
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Principal Place of Business 449 ROCKEFELLER DRIVE NEW SMYRNA, FL 32168 US	Mailing Address 449 ROCKEFELLER DRIVE NEW SMYRNA, FL 32168 US
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01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2147416	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SCHRADER, KIMBERLY 449 ROCKFELLER DRIVE NEW SMYRNA, FL 32168

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY - ST - ZIP	V SCHRADER, CLAUDE 1213 MARBELLA LANE DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCHRADER, KIMBERLY 449 ROCKEFELLER DR NEW SMYRNA, FL 32168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHRADER, RAYMOND A 449 ROCKEFELLER DR NEW SMYRNA, FL 32168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/06/07-80048-017 150.00

**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: *Kim Schuler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/29/07 Day/Time Phone # _____