

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00-AM
Secretary of State

DOCUMENT # F66851 1. Entity Name SCHEIBLE BROKERAGE CO.		
Principal Place of Business 1905 S 25TH STREET SUITE 202 FORT PIERCE, FL 34947 US	Mailing Address 1905 S 25TH STREET SUITE 202 FORT PIERCE, FL 34947 US	



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2159205	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHEIBLE III, FRANK S 1905 SOUTH 25TH STREET SUITE 202 FT. PIERCE, FL 34947

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD SCHEIBLE III, FRANK S 1905 S 25TH STREET FT PIERCE, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHEIBLE, BETH A. 1905 S 25TH STREET FT PIERCE, FL
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05/04/04-80066-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Frank S. Scheible III **FRANK S. SCHEIBLE III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 772-461-1155