

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000001574

1. Entity Name
SCHNELLER, INC.



Principal Place of Business
6019 POWERMILL ROAD
KENT, OH 44240

Mailing Address
6019 POWERMILL ROAD
KENT, OH 44240

FILED
Apr 05, 2004 08:00 AM
Secretary of State



03242004 No Chg-P CR2E034 (10/03)

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4. FEI Number 34-1407120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PFEIFFER, TOM
6200 49TH STREET, NORTH
PINELLAS PARK, FL 34665

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I, 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

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	CT BRUBAKER, JERRY L. 1710 CAVGHLIN CREEK RENO, NV 89509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORGAN, RICHARD C 154 E. STREETSBORO ST HUDSON, OH 44236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZUMKEHR, CHARLES E 1323 LAKE ROGER DR. KENT, OH 44240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHIRRA, JOHN P 276 HILLBROOK DR CUYAHOGA FALLS, OH 44223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRYE, JEFFREY R. 3459 MADISON AVE STOW, OH 44224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDIS, DONALD R 18008 SAN CARLOS BLVD., NO. 24 FORT MYERS BEACH, FL 33931

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04/05/04-80044-006 150.00

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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:

John P. Schirra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

Daytime Phone #