


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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| DOCUMENT # F94000001574 1. Entity Name SCHNELLER, INC. |  |
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| Principal Place of Business 6019 POWERMILL ROAD KENT, OH 44240 | Mailing Address 6019 POWERMILL ROAD KENT, OH 44240 |
|--|--|

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 34-1407120 | Applied For <input type="checkbox"/> 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**

**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 reinstating) DATE _____

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|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000753491 05/22/07-80024-006 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D 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 | C 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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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: Michael P. DeLuna **4-26-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #