2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # G12837

1. Entity Name

Principal Place of Business

APOLLO BEACH FL 33572

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

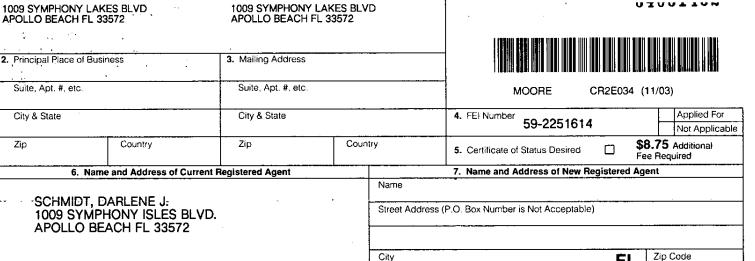
SIGNATURE

SCHMIDT BROTHERS EXECUTIVE HOMES, INC.



FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90649 019 ***150.00



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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2004 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 Name Street address City-St-Zip	DP SCHMIDT, ANDREW H 1009 SYMPHONY ISLES BLVD APOLLO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHMIDT, LORETTA J 4711 STONE HOLLOW CT VALRICO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	lition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHMIDT, RANDALL D 47:11-STONE-HOLLOW CT	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHMIDT, DARLENE J 1009 SYMPHONY ISLES BLVD APOLLO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	lition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	lition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	lition	

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.