

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90041 006 ***150.00

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1. Entity Name

Schmitt Design Associates, Inc.



Principal Place of Business

1520 ROYAL PALM SQ BLVD #300
FT MYERS, FL 33919

Mailing Address

1520 ROYAL PALM SQ BLVD #300
FT MYERS, FL 33919

54019745



No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Eugene C. Schmitt
1520 Royal Palm Sq Blvd #300
Ft. Myers, FL 33919

**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 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
PST
Eugene C. Schmitt
1520 Royal Palm Sq Blvd #300
Ft. Myers FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Kenneth L Lamers
1520 Royal Palm Sq Blvd #300
Ft. Myers, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Kenneth L Lamers
1520 Royal Palm Sq Blvd #300
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

239-278-3838

Daytime Phone #