

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90091 006 ***150.00

DOCUMENT # H70412

1. Entity Name
SCHEMBRI ENTERPRISES, INC.



Principal Place of Business
**1019 MARTIN LUTHER KING HWY.
SEFFNER, FL 33584 US**

Mailing Address
**1019 MARTIN LUTHER KING HWY.
SEFFNER, FL 33584 US**

40047121



03252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2581631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIERCE, M. W
203 S. PERSONS AVE
BRANDON, FL 33511**

**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, 2007 Fee will be \$550.00**

9. ☐ **OPTIONAL TO BE REMOVED
FROM THE STATE OF FLORIDA**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHEMBRI, GEORGE JR. 1019 HIGHWAY 574 SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHEMBRI, JOSEPH ANTHONY 1019 HIGHWAY 574 SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHEMBRI, LUIGIA 1019 HIGHWAY 574 SEFFNER, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-07