

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

05 DEC -5 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11292005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2568079 Applied For Not Applicable

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

DOCUMENT # H74049

1. Entity Name
SCHULER PACKAGING AND DESIGN, INC.



Principal Place of Business
401 E. OAKRIDGE RD.
ORLANDO, FL 32809 US

Mailing Address
401 E OAK RIDGE RD (32809)
~~PO BOX 404~~
ORLANDO, FL 32802

2. Principal Place of Business
401 E. Oak Ridge Rd.

3. Mailing Address
401 E. Oak Ridge Rd.

City & State
Orlando FL

City & State
Orlando FL

Zip
32809

Country
US

Zip
32809

Country
US

6. Name and Address of Current Registered Agent

SCHULER, VALENTINA J
27 HILL AVE. N
ORLANDO, FL 32801

delete

7. Name and Address of New Registered Agent

Name
Robert LeBlanc, Esq.

Street Address (P.O. Box Number is Not Acceptable)
401 E. OAK RIDGE RD

City
Orlando

FL

Zip Code
32809

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 *Robert LeBlanc* 12.01.05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
BY Pres

NAME
SCHULER, VALENTINE IV

STREET ADDRESS
404 FRIAR RD

CITY-ST-ZIP
WINTER PARK, FL 32792

☐ Delete

TITLE
STD

NAME
SCHULER, VALENTINE J

STREET ADDRESS
27 HILL AVEN N

CITY-ST-ZIP
ORLANDO, FL

☒ Delete

TITLE
BY VP

NAME
LEBLANC, JOAN S

STREET ADDRESS
7 BROADWAY CT

CITY-ST-ZIP
ORLANDO, FL 32803

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President

NAME
700061916407

STREET ADDRESS
12/05/05--01070--011 **70.00

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
VICE PRESIDENT

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
SECRETARY

NAME
Robert LeBlanc

STREET ADDRESS
7 Broadway Court

CITY-ST-ZIP
Orlando FL 32803

☐ Change ☒ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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: *Robert LeBlanc* 12.01.05 407.896.7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #