

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K72232

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: SCHMIDT DELL ASSOCIATES,INC.

## Current Principal Place of Business:

139 E. GOVERNMENT ST.  
PENSACOLA, FL 32502

## New Principal Place of Business:

## Current Mailing Address:

139 E. GOVERNMENT ST.  
PENSACOLA, FL 32502

## New Mailing Address:

FEI Number: 59-2934035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCHMIDT, GENE I.  
139 E. GOVERNMENT ST.  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHMIDT, GENE I  
Address: 4141 MENENDEZ  
City-St-Zip: PENSACOLA, FL 32503

Title: SRVP ( ) Delete  
Name: DELL, HAROLD L  
Address: 4850 MANOLETE ST  
City-St-Zip: PENSACOLA, FL 32504

Title: VP ( ) Delete  
Name: NICHOLSON, TODD  
Address: 5354 MORGAN RIDGE DRIVE  
City-St-Zip: MILTON, FL 32570

Title: VP ( ) Delete  
Name: REMKE, PAUL  
Address: 1415 EAST MALLORY STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: VP ( ) Delete  
Name: SMITH, STUART  
Address: 711 LAKEWOOD ROAD  
City-St-Zip: PENSACOLA, FL 32507

Title: VP ( ) Delete  
Name: WATFORD, DAVID  
Address: 7970 LA NAIN DRIVE  
City-St-Zip: PENSACOLA, FL 32514

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE I. SCHMIDT

PRES

01/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date