

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K72232

FILED
Feb 24, 2006
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 Chapter 119, 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

02/24/2006

Electronic Signature of Signing Officer or Director

Date