2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K72232

Entity Name: SCHMIDT CONSULTING GROUP, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
139 E. GOV	'ERNMENT ST _A, FL 32502					
Current Mailing Address:			New Mailir	New Mailing Address:		
139 E. GOVERNMENT ST. PENSACOLA, FL 32502						
FEI Number:	59-2934035	FEI Number Applied For ()	l Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SCHMIDT, GENE I. 139 E. GOVERNMENT ST. PENSACOLA, FL 32502 US 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.						
SIGNATUR		Oissanting of Danistand Assant		Dete		
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
	AND DIRECT	OR3.				
Title: Name: Address: City-St-Zip:	P () E SCHMIDT, GENE 4141 MENENDEZ PENSACOLA, FL	2	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SRVP () D DELL, HAROLD L 4850 MANOLETE PENSACOLA, FL	ST	Title: Name: Address: City-St-Zip:	SRVP (X) Change () Addition NICHOLSON, TODD 5354 MORGAN RIDGE DRIVE MILTON, FL 32570		
Title: Name: Address: City-St-Zip:	VP () E NICHOLSON, TOI 5354 MORGAN R MILTON, FL 325	IDGE DRIVE	Title: Name: Address: City-St-Zip:	SRVP (X) Change () Addition SMITH, STUART 4032 LANDFALL DR. PENSACOLA, FL 32507		
Title: Name: Address: City-St-Zip:	VP () C REMKE, PAUL 1415 EAST MALL PENSACOLA, FL	ORY STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () C SMITH, STUART 4032 LANDFALL PENSACOLA, FL		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition BENNETT, HEATHER R 3207 HAWTHORNE COURT PLANT CITY, FL 33566		
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	S/T () Change (X) Addition OWSLEY, DAVID 1708 E. BRAINERD ST. PENSACOLA, FL 32503		

I hereby certify that the information supplied with this filing does not qualify 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: DAVID OWSLEY S/T 01/14/2009