


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L42946 1. Entity Name SCHWAB BUILDING CORPORATION	
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Principal Place of Business 6101 NW 54TH WAY GAINESVILLE, FL 32653 US	Mailing Address 6101 NW 54TH WAY GAINESVILLE, FL 32653 US
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2982792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOSTERT, THOMAS 6101 NW 54TH WAY GAINESVILLE, FL 32653	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089879 03/16/04-80006-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOSTERT, THOMAS 6101 NW 54TH WAY GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOSTERT, THOMAS 6101 NW 54TH WAY GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRKVOLD, ROGER 2390 GARVIN HEIGHTS RD WINONA, MN 55987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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: Thomas E. Hostert **THOMAS E. HOSTERT PRESIDENT** **3-15-04** **352 338 0917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #