2004 FOR PROFIT CORPORATION

FILED Jan 30, 2004 8:00 am **Secretary of State**

ANNUAL REPORT

changed, or on an attack

DOCUMENT # M89666 01-30-2004 90065 018 ***150.00 SCHNELLER MANUFACTURING, INC. 2221-34TH WAY 8052 118 - ANEN. Mailing Address 8052 118 - ANEN. Mailing Address 8052 118 - ANEN. LARGO, FL 33771 LARGO, FL 33771 LARGO, FL 33771 COLUURE 8052 //8 7n 3. Mailing Address 01152004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number Gr. 59-2900384 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNELLER, ROBERT A. 8052 118Th Ave, N Street Address (P.O. Box Number is Not Acceptable) 2221 - 34TH WAY LARGO, FL 33771 LOCKO, FL 33773 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE D Delete TITLE Change Addition SCHNELLER, ROBERT A. NAME NAME 118Th Ave, N 8052 STREET ADDRESS 2221 34TH WAY STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIF ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if