


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90074 009 ***150.00

DOCUMENT # P00000024040 1. Entity Name LLOYD S. SCHNEIDER, INC.			
Principal Place of Business 2227 EGRET WALK CRT. NEW PORT RICHEY, FL 34655		Mailing Address 2227 EGRET WALK CRT. NEW PORT RICHEY, FL 34655	
2. Principal Place of Business 4118 GRANDCHAMP CIR Suite, Apt. #, etc.		3. Mailing Address 4118 GRANDCHAMP CIR Suite, Apt. #, etc.	
City & State Palm Harbor FL Zip Country 34685		City & State Palm Harbor FL Zip Country 34685	
4. FEI Number 59-3627456		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 SCHNEIDER, LLOYD S 2227 EGRET WALK CRT NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4118 GRANDCHAMP CIR City & State Palm Harbor FL Zip Code 34685	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME SCHNEIDER, LLOYD S	<input type="checkbox"/> Delete	
STREET ADDRESS 2227 EGRET WALK CRT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	4118 GRANDCHAMP CIR PALM HARBOR FL 34685		
TITLE S	NAME SCHNEIDER, MARGARET J	<input type="checkbox"/> Delete	
STREET ADDRESS 2227 EGRET WALK CRT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	4118 GRANDCHAMP CIR PALM HARBOR FL 34685		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP _____	_____		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP _____	_____		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u>Lloyd S. Schneider</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-9-05 727-773-0141 <small>Date Daytime Phone #</small>	