

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053522

Entity Name: SCHROEDER BUILDERS, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

1013 TRUMAN AVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1013 TRUMAN AVE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1025451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, JOSEPH J
1013 TRUMAN AVENUE
KEY WEST, FL 33040 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: PD () Delete
Name: SCHROEDER, JOSEPH J
Address: 1013 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

Title: VSTD () Delete
Name: BABB, JAMES G
Address: 1013 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SCHROEDER, ROGER JR.
Address: 1013 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change () Addition
Name: SCHROEDER, MARY
Address: 269 N. HOALDLY ST.
City-St-Zip: NAUGATUCK, CT 06770

Title: D (X) Change () Addition
Name: SCHROEDER, ROGER JR.
Address: 269 N. HOALDLY ST.
City-St-Zip: NAUGATUCK, CT 06770

Title: D () Change (X) Addition
Name: BROWN, ANDREW J
Address: 1116 PEARL ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Change (X) Addition
Name: GILLERAN, JAMES
Address: 1013 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

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: JOSEPH J. SCHROEDER

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date