


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90106 018 ***150.00

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| EPDVNF0U!\$ P0000056434 2/ Entity Name SCHMIDT SERVICES OF TALLAHASSEE, INC. |  |
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| Principal Place of Business 179 CATILLION CIRCLE TALLAHASSEE, FL 32312 | Mailing Address 179 CATILLION CIRCLE TALLAHASSEE, FL 32312 |
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| 3/ Principal Place of Business 179 Catillion Circle | 4/ Mailing Address 179 Catillion Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------|--------------|
| City & State | City & State |
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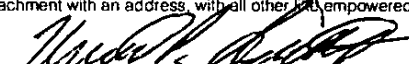
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| Zip | Country | Zip | Country |
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| 7/ Obn f lboe!Beesf t t lpgDvssf ouSf hjt u f e!Bhf ou SCHMIDT, MICHAEL P 179 COTILLION CIRCLE TALLAHASSEE, FL 32312 | 8/ Obn f lboe!Beesf t t lpgDf x tSf hjt u f e!Bhf ou Name Street Address (P.O. Box Number is Not Acceptable) City |
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| 9/ 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 re-registering)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | 10/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | 11/ NbzlCf l Beef elup!G f t |
|---|--|---------------------------------|

| 21/ OFFICERS AND DIRECTORS | | 22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE P NAME SCHMIDT, MICHAEL P <input type="checkbox"/> Delete STREET ADDRESS 179 COTILLION CIRCLE CITY-ST-ZIP TALLAHASSEE, FL 32312 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered. | TJHOBVSF;  | 4/25/06 850-562-6017 Date Daytime Phone # |
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