. ·2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000056434

1. Entity Name
SCHMIDT SERVICES OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
179 COTILLION CIR TALLAHASSEE, FL 32312	179 COTILLION CIR TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

04172007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3651451		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, MICHAEL P
179 COTILLION CIRCLE
TALLAHASSEE, FL 32312

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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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHMIDT, MICHEAL P
STREET ADDRESS	179 COTILLION CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	
NAME	
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CITY-ST-ZIP	

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04/30/07-80024-017 150.00

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12. 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 like-empowered.

SIGNATURE: _____   4/17/07   850-907-3447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #