2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014289

1. Entity Name
SCHREINER CONSULTING, INC.

Principal Place of Business	Mailing Address
12602 STEEPLECHASE LANE JACKSONVILLE, FL 32223	12602 STEEPLECHASE LANE JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

04102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3698465	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREINER, ALICE
12602 STEEPLECHASE LANE
JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing **$5.00** May Be Trust Fund Contribution. ☐ Added to Fees *Decline*

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	SCHREINER, ALICE
STREET ADDRESS	12602 STEEPLECHASE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223

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CITY-ST-ZIP	

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04/27/04--80100-020 150.00

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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: _____   4/24/2004   904-260-9262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #