2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 10, 2005 08:00 AM DOCUMENT # P01000037917 **Secretary of State** 1. Entity Name WILLIAM G. SCHMIDT ADVERTISING AND PUBLIC RELATIONS, INC. Principal Place of Business Mailing Address 4814 ALGONQUIN AVENUE **4814 ALGONQUIN AVENUE** JACKSONVILLE, FL 32210 IACKSONVILLE, FL 32210 01072005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3712537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SCHMIDT, WILLIAM G DO NOT WRITE **4814 ALGONQUIN AVENUE** JACKSONVILLE, FL 32210 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS D TITLE SCHMIDT, WILLIAM G NAME **4814 ALGONQUIN AVENUE** STREET ADDRESS U00000176481 CITY-ST-7IP JACKSONVILLE, FL 32210 01/10/05-80091-013 |150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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

William G. Schmidt 1/5/05

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP