

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90046 005 ***150.00

DOCUMENT # P01000037917

1. Entity Name
**WILLIAM G. SCHMIDT ADVERTISING AND PUBLIC
RELATIONS, INC.**



Principal Place of Business
**4814 ALGONQUIN AVENUE
JACKSONVILLE, FL 32210**

Mailing Address
**4814 ALGONQUIN AVENUE
JACKSONVILLE, FL 32210**

40016196



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3712537

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHMIDT, WILLIAM G
4814 ALGONQUIN AVENUE
JACKSONVILLE, FL 32210

**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

William G. Schmidt
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHMIDT, WILLIAM G
4814 ALGONQUIN AVENUE
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

William G. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07
Date

Date

Daytime Phone #

ATTACHMENT

40016196
~~# 001000037917~~

Please Note:
This is a second (duplicate)
filing - Check was
left out by mistake.
Thank You -
wg schmidt