2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000037917

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

Principal Place of Business	Mailing Address
4814 ALGONQUIN AVENUE JACKSONVILLE, FL 32210	4814 ALGONQUIN AVENUE JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

FILED
Apr 07, 2008 08:00 AI
Secretary of State

04052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3712537	Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIDT, WILLIAM G
4814 ALGONQUIN AVENUE
JACKSONVILLE, FL 32210

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000091784 04/16/08-90014-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMIDT, WILLIAM G
STREET ADDRESS	4814 ALGONQUIN AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	
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CITY-ST-ZIP	

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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 otherwise empowered.

SIGNATURE: *William G. Schmidt*   3/4/08   904.384.700

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