## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000054028

Entity Name: MARTI SCHMIDT DESIGNS, INC.

**FILED** May 19, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

200 SWEET GUM WAY 63 W.POINT WASHINGTON COURT LONGWOOD, FL 32779 SANTA ROSA BEACH, FL 32459

**Current Mailing Address: New Mailing Address:** 

63 W.POINT WASHINGTON COURT 200 SWEET GUM WAY LONGWOOD, FL 32779 SANTA ROSA BEACH, FL 32459

FEI Number: 59-3722264 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SCHMIDT, MARTI SCHMIDT, MARTI 200 SWEÉT GUM WAY 63 W.POINT WASHINGTON COURT LONGWOOD, FL 32779 SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: 05/19/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete MART, SCHMIDT Name: Address:

200 SWEET GUM WAY City-St-Zip: LONGWOOD, FL 32779

( ) Delete Title: VPT Name: SCHMIDT, BROOKE 200 SWEET GUM WAY Address: LONGWOOD, FL 32779

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

MARTI, SCHMIDT Name:

63 W.POINT WASHINGTON COURT Address: City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: (X) Change ( ) Addition

Name: SCHMIDT, BROOKE

Address: 63 W.POINT WASHINGTON COURT SANTA ROSA BEACH, FL 32459 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTI SCHMIDT **PRES** 05/19/2008