


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000121087	
1. Entity Name JUDY B. SCHNEIDER, INC.	

Principal Place of Business 2905 TURNBULL BAY ROAD NEW SMYRNA BEACH, FL 32168	Mailing Address 2905 TURNBULL BAY ROAD NEW SMYRNA BEACH, FL 32168
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03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0016949	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHNEIDER, JUDY B
2905 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168

**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

Judy B. Schneider
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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SCHNEIDER, JUDY B 2905 TURNBULL BAY ROAD NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENTON, JANET C 1205 SUNLAND ROAD DAYTONA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, LEE R 2905 TURNBULL BAY ROAD NEW SMYRNA BEACH, FL 32168
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04/05/04-80063-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Judy B. Schneider *Judy B. Schneider*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/04

Daytime Phone #

386-427-7621