


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 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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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0016949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHNEIDER, JUDY B 2905 TURNBULL BAY ROAD NEW SMYRNA BEACH, FL 32168

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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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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05/03/05-80046-007 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Judy B. Schneider</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4/28/05</i> <small>Date</small>	<i>386-427-7621</i> <small>Daytime Phone #</small>
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