

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90019 041 ***158.75

DOCUMENT # P02000050332

1. Entity Name

SCHADING INTERNATIONAL, INC.



Principal Place of Business

817 E. STRAWBRIDGE AVE
MELBOURNE FL 32901

Mailing Address

817 E. STRAWBRIDGE AVE
MELBOURNE FL 32901

2. Principal Place of Business

830 E. New Haven Ave.

Suite, Apt. #, etc.

3. Mailing Address

830 E. New Haven Ave.

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32901

Country

USA

City & State

Melbourne FL

Zip

32901

Country

USA

4. FEI Number

04-3664150

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHADING, RICHARD L.
3607 CARRIAGE GATE DR.
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name Schading, Richard L.

Street Address (P.O. Box Number is Not Acceptable)
4172 Collinwood Drive

Melbourne

City

FL

Zip Code

32901

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

2/23/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME SCHADING, RICHARD L.
STREET ADDRESS 3607 CARRIAGE GATE DR.
CITY-ST-ZIP MELBOURNE FL 32904 ☐ Delete

TITLE VTD
NAME SCHADING, BARBARA A.
STREET ADDRESS 3607 CARRIAGE GATE DR.
CITY-ST-ZIP MELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME SCHADING, RICHARD L.
STREET ADDRESS 4172 Collinwood Drive
CITY-ST-ZIP Melbourne FL 32901 ☒ Change ☐ Addition

TITLE VTD
NAME SCHADING, BARBARA A.
STREET ADDRESS 4172 Collinwood Drive
CITY-ST-ZIP Melbourne FL 32901 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

(321) 951-7560

Date

Daytime Phone #