

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90461 001 ***158.75

DOCUMENT # P02000050332

1. Entity Name

SCHADING INTERNATIONAL, INC.



Principal Place of Business

830 E NEW HAVEN AVE.
MELBOURNE FL 32901

Mailing Address

830 E NEW HAVEN AVE.
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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, BARBARA
4172 COLLINWOOD DR.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name **SCHADING BARBARA**

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

735 N. Hwy A1A Topaz #601

City **Indianalantic**

FL

Zip Code

32903

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

Barbara Schading

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4/11/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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** ☐ Delete
NAME **SCHADING, RICHARD L**
STREET ADDRESS **4172 COLLINWOOD DR.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VTD** ☐ Delete
NAME **SCHADING, BARBARA A**
STREET ADDRESS **4172 COLLINWOOD DR.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Schading Richard L**
STREET ADDRESS **735 N. Hwy A1A Topaz #601**
CITY-ST-ZIP **Indianalantic FL 32903**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Schading Barbara A**
STREET ADDRESS **735 N. Hwy A1A Topaz #601**
CITY-ST-ZIP **Indianalantic FL 32903**

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE:

Barbara Schading

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

321 951 7560

Daytime Phone #