
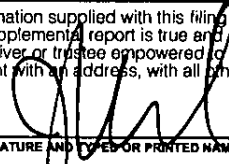


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

| | | |
|--|----------------------------|--|
| DOCUMENT # P02000072726 | |  |
| 1. Entity Name SCHMID CONSTRUCTION & DEVELOPMENT, INC. | | |
| Principal Place of Business 1230 OAKLEY SEAVER DRIVE STE 200 CLERMONT, FL 34711 | | Mailing Address 1230 OAKLEY SEAVER DRIVE STE 200 CLERMONT, FL 34711 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent SCHMID, JOHN 552 SOUTH HIGHWAY 27 SUITE A MINNEOLA, FL 34715 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | PD | |
| NAME | SCHMID, JOHN | |
| STREET ADDRESS | 552 SOUTH HIGHWAY 27 STE A | |
| CITY-ST-ZIP | MINNEOLA, FL 34715 | |
| TITLE | VD | |
| NAME | SCHMID, GEORGE | |
| STREET ADDRESS | 552 SOUTH HIGHWAY 27 STE A | |
| CITY-ST-ZIP | MINNEOLA, FL 34715 | |
| TITLE | VD | |
| NAME | KING, WAYNE | |
| STREET ADDRESS | 552 S HIGHWAY 27 SUITE A | |
| CITY-ST-ZIP | MINNEOLA, FL 34715 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| 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 Chapter 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:  | | Date 2-8-08 Daytime Phone # (352) 243-3720 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |



02112008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 13-4203104 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

U00000841807
03/11/08-80003-002 150.00

**DO NOT WRITE
IN THIS SPACE**