May 21 04 09:42a

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90267 008 ***150.00

DOCUMENT # P02000125849

1. Entity Name

SCH & L, INC.

66424447

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
5941 MADISON ST. NEW PORT RICHEY FL 34652	5941 MADISON ST. NEW PORT RICHEY FL 34652

2. Principal Place of Business	3. Mailing Address
2882 GULF to Bay Blvd #227	2882 GULF TO BAY BLVD #227
Suite, Apt. #, etc.: CLEARWATER	Suite, Apt. #, etc.: 227
City & State: FL	City & State: CLEARWATER FL
Zip: 33759 Country: PINELLAS	Zip: 33759 Country: PINELLAS

4. FEI Number: 043760327 AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTON, JACK
5941 MADISON ST.
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name: LEON MICHAEL - GRAHAM
Street Address (P.O. Box Number is Not Acceptable): 2882 GULF to BAY BLVD #227
City: CLEARWATER FL Zip Code: 33759

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: Leon Michael Graham Director 4/28/04
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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☑ Delete	TITLE	DIRECTOR ☑ Change ☑ Addition
NAME	BARTON, JACK	NAME	LEON MICHAEL GRAHAM
STREET ADDRESS	5941 MADISON ST.	STREET ADDRESS	2882 GULF to BAY BLVD #227
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	BARTON, SHEILA	NAME	
STREET ADDRESS	5941 MADISON ST.	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Leon Michael Graham Director 4/28/04 727-726-6433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #