2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000134084

1. Entity Name
MICHAEL SCHNEIDER-CHRISTIANS ELITE REALTY
TEAM, P.A.

Principal Place of Business	Mailing Address
725 CAPE CORAL PKWY W CAPE CORAL, FL 33914	725 CAPE CORAL PKWY W CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

03202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
06-1668278	Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTIANS, MICHAEL S
725 CAPE CORAL PKWY W
CAPE CORAL, FL 33914

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_____
   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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000868514
04/03/08-80012-013 150.00

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	SCHNEIDER-CHRISTIANS, MICHAEL
STREET ADDRESS	3306 SE 22ND AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	S
NAME	SCHNEIDER-CHRISTIANS, MICHAEL
STREET ADDRESS	3306 SE 22ND AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	T
NAME	SCHNEIDER-CHRISTIANS, MICHAEL
STREET ADDRESS	3306 SE 22ND AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _____ MICHAEL SCHNEIDER-CHRISTIANS 3/20/08 549-9993
   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #