

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000006502

1. Entity Name
THE SCHMIDT GROUP INTERNATIONAL, INC.

Principal Place of Business
288 PEPPER TREE DR S
VERO BEACH, FL 32963

Mailing Address
288 PEPPER TREE DR S
VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVANS, RALPH L
3355 OCEAN DR
VERO BEACH, FL 32963

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 _____ DATE _____

(NOTE: Registered Agent signature required when amending)

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMIDT ALFRED, M JR
STREET ADDRESS	288 PEPPER TREE DR S
CITY-STATE-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	SCHMIDT, JOAN L
STREET ADDRESS	288 PEPPER TREE DR S
CITY-STATE-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 on this report or supplied with this filing is true and accurate and that my signature and that of the officer or director of the corporation or the registered agent 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, name, or other information.

SIGNATURE: Alfred M. Schmidt Jr. 1/5/06 772-492-0291

DATE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR

40000775



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-2916920

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**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 _____ DATE _____

(NOTE: Registered Agent signature required when amending)

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

**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 on this report or supplied with this filing is true and accurate and that my signature and that of the officer or director of the corporation or the registered agent 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, name, or other information.

SIGNATURE: Alfred M. Schmidt Jr. 1/5/06 772-492-0291

DATE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR

FILED
Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90164 026 ***158.75