

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031608

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: SCHMIDT BROTHERS HOMES, INC.

## Current Principal Place of Business:

1009 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 3620  
APOLLO BEACH, FL 33572

## New Mailing Address:

FEI Number: 65-1185618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DARLENE, SCHMIDT J  
1009 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHMIDT, ANDREW H  
Address: 1009 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BEACH, FL 33572

Title: PRES ( ) Delete  
Name: SCHMIDT, ANDREW H  
Address: 1009 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: VP ( ) Delete  
Name: SCHMIDT, AARON A  
Address: 18915 DUQUESNE DR  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: SCHMIDT, GABE S  
Address: 1009 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete  
Name: SCHMIDT, AARON A  
Address: 18915 DUQUESNE DR  
City-St-Zip: TAMPA, FL 33647 US

Title: VP ( ) Delete  
Name: SCHMIDT, GABE S  
Address: 1009 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BEACH, FL 33572

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW H SCHMIDT

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date