

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 NOV 17 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P03000055327

1. Entity Name  
C.W. SCHNEIDER, INCORPORATED



Principal Place of Business  
14163 102ND AVE. NORTH  
LARGO, FL 33774

Mailing Address  
14163 102ND AVE. NORTH  
LARGO, FL 33774



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11112004

Chg-P

CR2E034 (10/03)

4. FEI Number  
32-0080643

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, CARL W II  
14163 102ND AVE. NORTH  
LARGO, FL 33774

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

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 PVST ☐ Delete  
NAME SCHNEIDER, CARL W II  
STREET ADDRESS 14163 102ND AVE. NORTH  
CITY-ST-ZIP LARGO, FL 33774

TITLE ☐ Change ☐ Addition  
NAME 000042828930  
STREET ADDRESS 11/17/04--01030--010 \*\*61.25  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SCHNEIDER, CARL W II  
STREET ADDRESS 14163 102ND AVE. NORTH  
CITY-ST-ZIP LARGO, FL 33774

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME FRANK A. BLOCK  
STREET ADDRESS 13456 BALBOA DRIVE  
CITY-ST-ZIP LARGO FL 33774

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Carl W. Schneider II* **CARL W. SCHNEIDER II** 11/17/04 777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone # 577-2213