



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

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| DOCUMENT # P03000069811 1. Entity Name SCHMIDT ENTERPRISES, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 4849 BEACON DR. EAST JACKSONVILLE, FL 32225 | | | | Mailing Address 4849 BEACON DR. EAST JACKSONVILLE, FL 32225 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 4777 Beacon Drive West Suite, Apt. #, etc. Jacksonville FL City & State 32225 Zip | | 3. Mailing Address 4777 Beacon Drive West Suite, Apt. #, etc. Jacksonville FL City & State 32225 Zip | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 56-2373707 | | Applied For <input type="checkbox"/> Not Applicable | | 02082005 Chg-P CR2E034 (10/03) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent SCHMIDT, JOHN C III 4849 BEACON DR. EAST JACKSONVILLE, FL 32225 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent Name <u>Schmidt, John C III</u> Street Address (P.O. Box Number is Not Acceptable) <u>4777 BEACON Drive West</u> City <u>JACKSONVILLE</u> <u>FL</u> Zip Code <u>32225</u> | | | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHMIDT, JOHN C III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4849 BEACON DR. EAST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32225</td> <td></td> </tr> </table> | | | TITLE | PSTD | <input type="checkbox"/> Delete | NAME | SCHMIDT, JOHN C III | | STREET ADDRESS | 4849 BEACON DR. EAST | | CITY-ST-ZIP | JACKSONVILLE, FL 32225 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">4777 Beacon Drive West</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JACKSONVILLE, FL 32225</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | 4777 Beacon Drive West | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | JACKSONVILLE, FL 32225 | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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: <u>[Signature]</u> <u>2/08/05</u> <u>(904) 434-3190</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |