## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000090768

Entity Name: MICHELLE SCHMITT, INC.

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6493 NW 12TH STREET OCALA, FL 34482

Current Mailing Address: New Mailing Address:

6493 NW 12TH STREET OCALA, FL 34482

FEI Number: 20-0164617 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLY, TANNA C
GUY, SCHMITT
C/O NATIONAL BUSINESS INCORPORATORS INC
6493 NW 12TH

C/O NÁTIONAL BUSINESS INCORPORATORS INC 6493 NW 12TH STREET 99611 OVERSEAS HWY #225 OCALA, FL 34482 US KEY LARGO, FL 33037 US

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: GUY SCHMITT 01/07/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: TREA ( ) Change (X) Addition Name: SCHMITT, MICHELLE Address: Address: 6493 NW 12TH STREET

 Address:
 Address:
 6493 NW 12TH STREET

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34482 US

 Title:
 ( ) Delete
 Title:
 PRES ( ) Change (X) Addition

 Name:
 Name:
 SCHMITT, MICHELLE

 Address:
 Address:
 6493 NW 12TH STREET

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34482 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 SCHMITT, GUY R

 Address:
 Address:
 6493 NW 12TH STREET

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34482 US

Title: ( ) Delete Title: SEC ( ) Change (X) Addition

 Name:
 Name:
 SCHMITT, GUY R

 Address:
 Address:
 6493 NW 12TH STREET

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34482 US

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: MICHELLE SCHMITT PRES 01/07/2004