


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90511 041 ***150.00

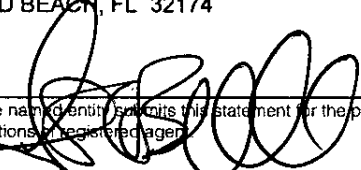
DOCUMENT # P03000099877	
1. Entity Name SCHEMAGRAPHS, INC.	

Principal Place of Business 11 COOLIDGE AVE #4 ORMOND BEACH, FL 32174 1211 RIVER BREEZE DR. ORMOND BEACH, FL 32176	Mailing Address 11 COOLIDGE AVE #4 ORMOND BEACH, FL 32174 1211 RIVER BREEZE DR ORMOND BEACH FL 32176
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2. Principal Place of Business 1211 RIVER BREEZE DR	3. Mailing Address 1211 RIVER BREEZE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

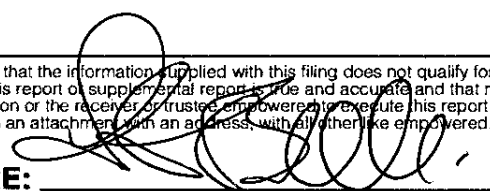
City & State ORMOND BEACH, FL	City & State ORMOND BEACH, FL
Zip 32176	Country USA
Zip 32176	Country USA

6. Name and Address of Current Registered Agent ALDERMAN, MARK D 555 W GRANADA BLVD STE G-10 ORMOND BEACH, FL 32174	
7. Name and Address of New Registered Agent 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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELLARD, TIMOTHY 1211 RIVER BREEZE ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	04/21/04 (886) 441-7366 Date Daytime Phone #

54040310



04172004 Chg-P CR2E034 (10/03)

4. FEI Number 141895010	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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