


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90732 028 \*\*\*150.00

<b>DOCUMENT # P03000111897</b>																																																						
<b>1. Entity Name</b> SCHROEDER DRYWALL, INC.																																																						
<b>Principal Place of Business</b> 3725 B BLUFF LANE ST. AUGUSTINE, FL 32086 US			<b>Mailing Address</b> 3725 B BLUFF LANE ST. AUGUSTINE, FL 32086 US																																																			
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																																																			
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																			
City & State			City & State																																																			
Zip		Country		Zip																																																		
Country		Country		City																																																		
<b>6. Name and Address of Current Registered Agent</b> SCHROEDER, JASON 3725 B BLUFF LANE ST AUGUSTINE, FL 32086																																																						
<b>7. Name and Address of New Registered Agent</b>																																																						
Name																																																						
Street Address (P.O. Box Number is Not Acceptable)																																																						
City																																																						
State																																																						
Zip Code																																																						
<b>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.</b>																																																						
SIGNATURE _____																																																						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																						
DATE _____																																																						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>																																																						
<b>9. Election Campaign Financing</b>																																																						
Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																						
<b>10. OFFICERS AND DIRECTORS</b>																																																						
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td>SCHROEDER, JASON</td> <td>3725 B BLUFF LANE</td> <td>ST. AUGUSTINE, FL 32086</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>SCHROEDER, FLINTON</td> <td>3725 A BLUFF LANE</td> <td>ST. AUGUSTINE, FL 32086</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	Change	Addition		SCHROEDER, JASON	3725 B BLUFF LANE	ST. AUGUSTINE, FL 32086	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SCHROEDER, FLINTON	3725 A BLUFF LANE	ST. AUGUSTINE, FL 32086	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>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.</b>																																																						
<b>SIGNATURE:</b> _____																																																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																						
Date _____ Daytime Phone # _____																																																						



04222004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0356025** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL Zip Code