

2006 FORT MYERS COUNTY ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000132196 1. Entity Name SCHMIDT TILE, INC.	
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Principal Place of Business 9637 COMMODORE DRIVE SEMINOLE, FL 33776	Mailing Address 9637 COMMODORE DRIVE SEMINOLE, FL 33776
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DO NOT WRITE IN THIS SPACE

000000572059
 07/25/06-80012-012 150.00

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2133384	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHMIDT, JAMES 9637 COMMODORE DRIVE SEMINOLE, FL 33776	DO NOT WRITE IN THIS SPACE
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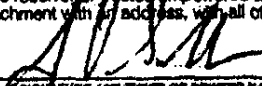
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIDT, JAMES 9637 COMMODORE DRIVE SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIDT, CHRISTOPHER 9637 COMMODORE DRIVE SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M BREIER, MICHAEL 9637 COMMODORE DRIVE SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2-1-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #