2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 07, 2008 08:00 AN DOCUMENT # P03000133204 **Secretary of State** SCHROEDER GENERAL CONTRACTOR INC. Principal Place of Business Mailing Address **343 SE FALLON DRIVE 343 SE FALLON DRIVE** PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0354481 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERBERT, SCHROEDER G .. DO NOT WRITE 343 SE FALLON DRIVE PORT ST. LUCIE, FL 34983 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTS TITLE SCHROEDER, HERBERT G NAME STREET ADDRESS 343 SE FALLON DRIVE U00000774623 CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 01/07/08-80022-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STHEET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HERBERT G. SCHROBOER

1-4-08

772-871-0685

Date

Daytime Phone #