

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000139601

1. Entity Name
SCHMIDT DRYWALL INC



FILED

04 NOV -4 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1914 WILLOW OAK DR
EDGEWATER, FL 32141

Mailing Address
1914 WILLOW OAK DR
EDGEWATER, FL 32141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT
09302004 CHG 001034(10/03) 2004

4. FEI Number

20-0421398

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, MICHAEL
1914 WILLOW OAK DR
EDGEWATER, FL 32141

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SCHMIDT, MICHAEL
1914 WILLOW OAK DR
EDGEWATER, FL 32141 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition
400042437354
11/03/04--01039--008 **158.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 24, 2004

Date

396-640-2508 Daytime Phone #

205
Oct 24, 2004

To whom it may concern,

I did not receive the
annual report notice in the mail.
Nor did I receive this
letter until the 18th of October.
So I am sending the \$150⁰⁰.
If there are any other
problems please let me know.

Sincerely

Michael Schmidt
