


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90221 006 ***150.00

DOCUMENT # P03000139879	
1. Entity Name SCHNEIDER'S PAINTING, INC.	

Principal Place of Business 3974 MAGNOLIA LAKE LANE ORLANDO FL 32810 US	Mailing Address 3974 MAGNOLIA LAKE LANE ORLANDO FL 32810 US
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2. Principal Place of Business		3. Mailing Address 683 TUSORA DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WINTER SPGS., FL.	
Zip	Country	Zip 32708	Country SEMINOLE

1st MOORE CR2E034 (10/04)

4. FEI Number 20-0430972		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHNEIDER, DAVID M 3974 MAGNOLIA LAKE LANE ORLANDO FL 32810		7. Name and Address of New Registered Agent Name JENNIFER SCHNEIDER Street Address (P.O. Box Number is Not Acceptable) 683 TUSCORA DRIVE City WINTER SPRINGS, FL Zip Code 32708

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 **JENNIFER SCHNEIDER - PRESIDENT** *Jennifer Schneiders* 4-22-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	P SCHNEIDER, DAVID M 3974 MAGNOLIA LAKE LANE ORLANDO FL 32810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, JENNIFER L. 683 TUSCORA DRIVE WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNEIDER, DAVID M. 683 TUSCORA DRIVE WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Change <input checked="" 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: *Jennifer Schneiders* **Jennifer Schneider** 4-22-05 808-8604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #