04/15/2005 11:24 3214499071 MARGARET

FROM : FAX NO. :

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90505 040 ***150.00

DOCUMENT # P03000146863

1. Entity Name
BRIAN F. SCHMIDT, INCORPORATED

Principal Place of Business	Mailing Address
1935 LAZY LANE COCOA, FL 32926	1935 LAZY LANE COCOA, FL 32926

DO NOT WRITE IN THIS SPACE

04242006 No Chg-P CR2E034 (10/03)

4. FEI Number
41-2119234
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIDT, BRIAN F
1935 LAZY LANE
COCOA, FL 32926

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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

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHMIDT, BRIAN F
STREET ADDRESS	1935 LAZY LANE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	VSTD
NAME	SCHMIDT, PAM K
STREET ADDRESS	1935 LAZY LANE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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: Brian F. Schmidt 4-28-05 321-639-8829
EXECUTIVE OFFICER OR AUTHORIZED AGENT OF ASSISTANT OFFICER OR DIRECTOR — Date — Daytime Phone #