## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2007 08:00 A Secretary of State **DOCUMENT # P03000147219** 1. Entity Name SCHMIDT TECHNICAL SERVICES, INC. Principal Place of Business Mailing Address 12685 96TH ST N 12685 96TH ST N LARGO, FL 33733 LARGO, FL 33733 No Chg-P 04292007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Numbe Applied For 52-2420457 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 conted name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE SCHMIDT, DAMON A NAME 12685 96TH ST N STREET ADDRESS CITY-ST-ZIP LARGO, FL 33733 U00000750045 05/18/07-80048-004 150.00 TITLE SCHMIDT, KARA NAME STREET ADDRESS 12685 96TH ST N CITY-ST-ZIP LARGO, FL 33733 TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 across with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

4/29/07

727-409-1786

**FILED** 

Daytime Phone #