

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90483 025 ***150.00

DOCUMENT # P03000148140

1. Entity Name
MICHAEL SCHOENEWEIS FLOORING, INC.



Principal Place of Business

**9244 S. BRITTANY PATH
INVERNESS, FL 34452**

Mailing Address

**9244 S. BRITTANY PATH
INVERNESS, FL 34452**

34066176

2. Principal Place of Business

5545 S. Pendant Pt.

3. Mailing Address

5545 S. Pendant Pt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004

Chg-P

CR2E034 (10/03)

City & State

Floral City FL

City & State

Floral City FL

4. FEI Number

20-0484048

Applied For

Not Applicable

Zip

34436

Country

USA

Zip

34436

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHOENEWEIS, MICHAEL
9244 S. BRITTANY PATH
INVERNESS, FL 34452**

7. Name and Address of New Registered Agent

Name **Michael Schoeneweis**
Street Address (P.O. Box Number is Not Acceptable)
5545 S. Pendant Pt.

City **Floral City FL 34436**

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

4-13-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCHOENEWEIS, MICHAEL**
STREET ADDRESS **9244 S. BRITTANY PATH**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **Michael Schoeneweis**
STREET ADDRESS **5545 S. Pendant Pt.**
CITY-ST-ZIP **Floral City FL 34436**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Anthony Keller**
STREET ADDRESS **5477 S. Burr Terrace**
CITY-ST-ZIP **Inverness FL 34452**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Schoeneweis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-13-04 352
212 5329**