

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 AUG -8 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000158132			
1. Entity Name AA SCHREIBER CORP			
Principal Place of Business 14511 MANDARIN ROAD JACKSONVILLE, FL 32223 US		Mailing Address PO BOX 600104 JACKSONVILLE, FL 32260 US	
2. Principal Place of Business 5783 Mining Terr Unit 5		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32258 7		Country USA	
6. Name and Address of Current Registered Agent SCHREIBER, ANTHONY M 14511 MANDARIN RD JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name: Angela H Schreiber Street Address (P.O. Box Number is Not Acceptable): 10153 Fawn Lake Court City: Jax FL Zip Code: 32256	
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: <i>Anthony Schreiber</i> <i>Angela Schreiber</i> 08/05/05 (NOTE: Registered Agent signature required when re-registering)			
Amended AR is \$61.25		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 SCHREIBER, ANTHONY M 10153 FAWN LAKE COURT JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of Technicians David Ryan Sirak 4090 Hodges Blvd JAX, FL 32224 ☐ Change ☒ Addition 10% of Corp
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHREIBER, ANGELA H 10153 FAWN LAKE COURT JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Schreiber, Angela H 10153 FAWN LAKE COURT JACKSONVILLE, FL 32256 ☒ Change ☐ Addition 50% of Corp
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Anthony M. Schreiber 10153 Fawn Lake Court JACKSONVILLE, FL 32256 ☒ Change ☐ Addition 40% of Corp
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300058642583 08/16/05--01012--014 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Angela Schreiber</i>		Date: 08/05/05 Daytime Phone #: 904-339-1302	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

Anthony Schreiber

904-626-8199