2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000014203

1. Entity Name

DAVID SCHADLE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
10536 BAY HILLS CIR THONOTOSASSA FL 33592	10536 BAY HILLS CIR THONOTOSASSA FL 33592

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
10536 BAYHILLS CIR		10536 BAYHILLS CIR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
THONOTOSASSA, FL.		THONOTOSASSA, FL.	
City & State		City & State	
Zip: 33592	Country: HILLSBOROUGH	Zip: 33592	Country: HILLSBOROUGH

4. FEI Number: 76-0750645 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHADLE, DAVID F
10536 BAY HILLS CIR
THONOTOSASSA FL 33592

7. Name and Address of New Registered Agent

Name: NONE

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: David F Schadle / NO CHANGES 3/26/06

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHADLE, DAVID F	NAME	
STREET ADDRESS	10536 BAY HILLS CIR	STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592	CITY-ST-ZIP	000000484603
TITLE	☐ Delete	TITLE	04/12/06--00052--012 **8.75 ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE: David F Schadle 3/26/06