


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90005 046 \*\*\*150.00

<b>DOCUMENT # P04000018822</b>		
1. Entity Name JOHN SCHANDELMAYER, INC.		

Principal Place of Business 1040 CASUARINA ROAD DELRAY BEACH, FL 33483	Mailing Address 1040 CASUARINA ROAD DELRAY BEACH, FL 33483
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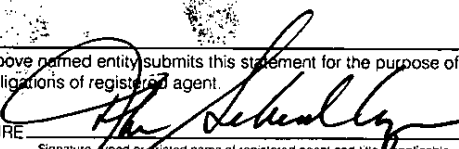
2. Principal Place of Business - No P.O. Box # 1036 CASUARINA ROAD	3. Mailing Address 1036 CASUARINA RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
Zip 33483	Country USA



05032007 Chg-P CR2E034 (12/06)

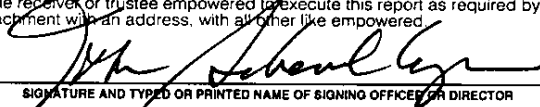
4. FEI Number 20-0707939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHANDELMAYER, JOHN 1040 CASUARINA ROAD DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 5/1/07

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SCHANDELMAYER, JOHN 1040 CASUARINA ROAD DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.	
SIGNATURE: 	Date 5/1/07 Daytime Phone #



**ATTACHMENT**  
**40113705**  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number  
**P04000018822**  
Business Entity Name  
**JOHN SCHANDELMAYER, INC.**

FEI Number 200707939

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address 1036 CASUARINA ROAD

Suite, Apt. #, etc.

City, State DELRAY BEACH, FL

Zip Code & Country 33483

**Mailing Address**

Address 1036 CASUARINA ROAD

Suite, Apt. #, etc.

City, State DELRAY BEACH, FL

Zip Code & Country 33483

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) SCHANDELMAYER, JOHN

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1036 CASUARINA ROAD

Suite, Apt. #, etc.

City, State DELRAY BEACH, FL

Zip Code & Country 33483 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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# P04000018822

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature** John Schandelmayer

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PST  
Name (Last, First, Middle, Title) SCHANDELMAYER, JOHN

**- OR -**

Entity Name to serve as Officer/Director

Street Address 1040 CASUARINA ROAD  
City, State DELRAY BEACH, FL  
Zip Code & Country 33483

Title   
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State   
Zip Code & Country

Title   
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State   
Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PST

Officer/Director Signature John Schandelmayer

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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