

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90049 006 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000022720</b> 1. Entity Name <b>F. J. SCHMIDT CLEANING SERVICES, INC.</b>																															
Principal Place of Business <b>14802 N FLORIDA AVE P-251 TAMPA FL 33613</b>		Mailing Address <b>14802 N FLORIDA AVE P-251 TAMPA FL 33613</b>																													
2. Principal Place of Business <b>25812 Bloomsbury Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>25812 Bloomsbury Ct</b> Suite, Apt. #, etc.																													
City & State <b>Land O'Lakes, FL</b> Zip <b>34639</b> Country <b>USA</b>		City & State <b>Land O'Lakes, FL</b> Zip <b>34639</b> Country <b>USA</b>																													
4. FEI Number <b>65-1219293</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent <b>SCHMIDT, FRED 14802 N FLORIDA AVE P-251 TAMPA FL 33613</b>		7. Name and Address of New Registered Agent Name <b>Fred J. Schmidt</b> Street Address (P.O. Box Number is Not Acceptable) <b>25812 Bloomsbury Ct</b> City <b>Land O'Lakes</b> <b>FL</b> Zip Code <b>34639</b>																													
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 <u><i>Fred J. Schmidt</i></u> <b>Fred J. Schmidt (President)</b> DATE <u><i>2/5/05</i></u> <small>Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution.																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>President Fred J. Schmidt 25812 Bloomsbury Ct Land O'Lakes, FL 34639</b> </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President Fred J. Schmidt 25812 Bloomsbury Ct Land O'Lakes, FL 34639</b>	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <u><i>Fred J. Schmidt</i></u> <b>Fred J. Schmidt</b>		DATE <u><i>2/5/05</i></u> <b>2/5/05</b> <b>8139296993</b> <small>Daytime Phone #</small>																													