


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90041 046 ***163.75

DOCUMENT # P04000031301	
1. Entity Name SCHNEIDER SECURITY AND INVESTIGATIVE SERVICES INC.	

Principal Place of Business 5200 CANAL ST MILTON, FL 32570	Mailing Address 5200 CANAL ST MILTON, FL 32570
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2. Principal Place of Business MILTON, FLORIDA Suite, Apt. #, etc.	3. Mailing Address 5200 CANAL ST. Suite, Apt. #, etc.
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City & State MILTON, FLORIDA Zip 32570	Country SANTA ROSA	City & State MILTON, FLA. Zip 32570	Country SANTA ROSA
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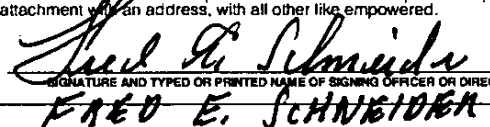
6. Name and Address of Current Registered Agent SCHNEIDER, FRED E 5200 CANAL ST MILTON, FL 32570	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 Signature, typed or printed name of registered agent and title if applicable.	DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	D SCHNEIDER, FRED E 5200 CANAL ST MILTON, FL 32570 <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
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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:  FRED E. SCHNEIDER	5 APR 14 2005 850-623-3550 Date Daytime Phone #