

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000031301

1. Entity Name

**SCHNEIDER SECURITY AND INVESTIGATIVE SERVICES
INC.**



Principal Place of Business

**MILTON FLORIDA
MILTON FL 32570
US**

Mailing Address

**5200 CANAL ST
MILTON FL 32570**



2. Principal Place of Business - No P.O. Box #

5200 CANAL ST.

Suite, Apt. #, etc.

3. Mailing Address

5200 CANAL ST.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MILTON, FLORIDA

City & State

MILTON, FLORIDA

4. FEI Number

03-0536734

Applied For

Not Applicable

Zip

32570

Country

SANTA ROIA

Zip

32570

Country

SANTA ROIA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHNEIDER, FRED E
5200 CANAL ST
MILTON FL 32570**

7. Name and Address of New Registered Agent

Name

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

Fred E. Schneider **OWNER**

(Signature, typed or printed name of registered agent and title, applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE ☐ Delete
NAME **D SCHNEIDER, FRED E**
STREET ADDRESS **5200 CANAL ST**
CITY- ST- ZIP **MILTON FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
U00000738802
05/11/07-80082-014 158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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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:

Fred E. Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 APRIL 2007 850-623-3550

Date

Daytime Phone #