### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000159510

1. Entity Name

SCHNABEL ENTERPRISES, INC.



FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3914 S.E. STREET BELLEVIEW, FL 34420 PO BOX 3787 BELLEVIEW, FL 34421



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01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1921057

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNABEL, JULIE 3914 S.E. STREET BELLEVIEW, FL 34420

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8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registe	ered office or registered agent,	or both, in the State of Florid	a. I am familiar with, and a	accept
SIGNATÜRE_						
	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registe	red Agent signature required when reinsta	ting)	DATE .	_
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin.     Trust Fund Contribution				
10. OFFICERS AND DIRECTORS						
TITLE :  NAME  STREET ADDRESS  CITY-ST-ZIP	PT SCHNABEL, JULIE 3914 S.E. STREET BELLEVIEW, FL 34420		3			
TITLE NAME STREET ADDRESS	VP SCHNABEL, CARL 3914 S.E. STREET		1	U000008450 03/13/08-8002	019 22-009 150.00	

# DO NOT WRITE IN THIS SPACE

CITY - ST - ZIP BELLEVIEW, FL 34420 TITLE NAME SCHNABEL, MATTHEW E STREET ADDRESS **3914 S.E. STREET** CITY-ST-ZIP BELLEVIEW, FL 34420 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP

12. Thereby 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.

CICMATUDE.

NAME STREET ADDRESS CITY-ST-ZIP

Julie Schabel