2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State

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DOCUMENT # P06000054763							03-20-2008 90028 031 ***150.00					
SCHNEIDERS FLOWERS AND CASKETS, INC.							***					
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Principal Place of Business 2225 E SILVER SPRINGS BLVD 2225 E SILVER SPRINGS BLVD OCALA, FL 34470 OCALA, FL 34470								in the following to the control of t	5	00002	94	
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			03032008	Chg-P	CR2E0	34 (12/06)		
City & State			City & Sta	City & State						plied For t Applicable		
Zip				Zip Count		5. Certificate of Status E		of Status Desired		S8.75 Additional Fee Required		
	6. Name a	and Address of Curre	7. Name and	Address of New R	egistered A	gent						
HUGHES, MARY B 18491 NW 20TH AVE CITRA, FL 32113						Name MARY B. DANNEK Street Address (P.O. Box Number is Not Acceptable) 18491 NW 20th Ave						
					CV 1+	Citra				FL Zip Code 32//3		
8.,ine above	named entity tions of registe	submits this statement	for the purpose of	f changing its regist	tered office or	register	ed agent, or bot	h, in the State of Flo	orida. Lam t	amiliar with,	and accept	
SIGNATURE X MANY B. DANNEY Signature (upod or A meet name of registered agent and tide if applicable. (NOTE; Registered Agent administratory when remistating) OATE												
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5							00 May Be ed to Fees			_		
10.		OFFICERS AN	ID DIRECTORS	1	1.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
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NAME STREET ADDRESS	HUGHES, 18491 NW	MARY B 20TH AVE			IAME ITRELT ADDRESS	184 184	91 N W) anner	ve			
CITY-ST-ZIP	CITRA, FL				CITY-S1-ZIP			4. 32113				
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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X May B Danner mary B. Danner y 3/11/06 352-732-8444