

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-20-2008 90028 031 ***150.00

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1. Entity Name
SCHNEIDERS FLOWERS AND CASKETS, INC.



Principal Place of Business: 2225 E SILVER SPRINGS BLVD
OCALA, FL 34470

Mailing Address: 2225 E SILVER SPRINGS BLVD
OCALA, FL 34470

50000294



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032008 Chg-P CR2E034 (12/06)

4. FEI Number
42-1702083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, MARY B
18491 NW 20TH AVE
CITRA, FL 32113

Name
MARY B. DANNER
Street Address (P.O. Box Number is Not Acceptable)
18491 NW 20th Ave

City
CITRA FL Zip Code
32113

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: Mary B Danner MARY B. DANNER 3/11/08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HUGHES, MARY B
STREET ADDRESS 18491 NW 20TH AVE
CITY-ST-ZIP CITRA, FL 32113

TITLE D ☒ Change ☐ Addition
NAME MARY B. DANNER
STREET ADDRESS 18491 NW 20th Ave
CITY-ST-ZIP CITRA, FL. 32113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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.

SIGNATURE: Mary B Danner MARY B. Danner 3/11/08 352-732-8444
Signature typed or printed name of signing officer or director Date Daytime Phone #