

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000098721

1. Entity Name

LAW OFFICE OF MICHAEL SCHNEIDER INC.



Principal Place of Business

2345 STANFORD CT SUITE 603
NAPLES, FL 34112 US

Mailing Address

2345 STANFORD CT SUITE 603
NAPLES, FL 34112 US



01062008

No Chg-P

CR2E034 (11/05)

4. FEI Number

03-0603044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL
2345 STANFORD CT SUITE 603
NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

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

(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

000000793199
01/24/08-80040-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME SCHNEIDER, MICHAEL
STREET ADDRESS 2345 STANFORD CT SUITE 603
CITY-ST-ZIP NAPLES, FL 34112

TITLE VP/T
NAME SCHNEIDER, MICHAEL
STREET ADDRESS 2345 STANFORD CT SUITE 603
CITY-ST-ZIP NAPLES, FL 34112

TITLE S
NAME SCHNEIDER, MICHAEL
STREET ADDRESS 2345 STANFORD CT SUITE 603
CITY-ST-ZIP NAPLES, FL 34112

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/26/08 239-262
7346