2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State
04-18-2007 90169 014 ***150.00

DOCUMENT # P06000106871

1. Entity Name
SCHAEDEL CONTRACTING, INC

Principal Place of Business	Mailing Address
507 NW 39TH ROAD APT. # 312 GAINESVILLE FL 32607	507 NW 39TH ROAD APT. # 312 GAINESVILLE FL 32607

66013026

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4950 SW 194th Ave	4950 SW 194th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunnellon, Fl.	City & State: Dunnellon, Fl
Zip: 34432 Country: USA	Zip: 34432 Country: USA

4. FEI Number 20-5383152 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAEDEL, RAYMOND D
507 NW 39TH ROAD
APT. # 312
GAINESVILLE FL 32607

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 Raymond D. Schaedel 4-11-07
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHAEDEL, RAYMOND D 507 NW 39TH ROAD GAINESVILLE FL 32607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Schaedel Raymond D 4950 SW 194th Ave Dunnellon, Fl. 34432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Raymond D. Schaedel Raymond D. Schaedel 4-11-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 727-235-1114