

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000106871

1. Entity Name
SCHAEDEL CONTRACTING, INC



Principal Place of Business
4950 SW 194TH AVE
DUNNELLON, FL 34432

Mailing Address
4950 SW 194TH AVE
DUNNELLON, FL 34432



06272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHAEDEL, RAYMOND D
STREET ADDRESS	4950 SW 194TH AVE
CITY-STATE-ZIP	DUNNELLON, FL 34432
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
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CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000957419
08/08/08-80008-005 550.00

**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: _____

Raymond D. Schadel **RAYMOND D. SCHAEDEL**

Date

Daytime Phone #

8-7-08