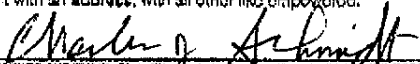


FILED
Mar 12, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P16102 1. Entity Name BOB SCHMITT HOMES, INC.			
Principal Place of Business 8501 WOODBRIDGE COURT NORTH RIDGEVILLE, OH 44039 US		Mailing Address 8501 WOODBRIDGE COURT NORTH RIDGEVILLE, OH 44039 US	
DO NOT WRITE IN THIS SPACE			
		03082005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 84-0924476	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, JAMES E. 1100 FIFTH AVENUE SOUTH SUITE 211 NAPLES, FL 33940		DO NOT WRITE IN THIS SPACE	
7. This 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 _____ (NOTE: Registered Agent signature required when sole/only) Signature typed or printed name of registered agent and fee if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000260673 03/12/05-80034-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMITT, EDWARD A 8501 WOODBRIDGE COURT NORTH RIDGEVILLE, OH		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHMITT, BARBARA S 104 WILDERNESS DRIVE, # 138 NAPLES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, CHARLES 8501 WOODBRIDGE COURT NORTH RIDGEVILLE, OH		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCHMITT, ROBERT F 104 WILDERNESS DRIVE, # 138 NAPLES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employment.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/8/05 440 327-9495 Date Copy to Florida	