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	Mailing Address
8501 WOODBRIDGE COURT NORTH RIDGEVILLE, OH 44039 US	8501 WOODBRIDGE COURT NORTH RIDGEVILLE, OH 44039 US

DO NOT WRITE IN THIS SPACE

03052005 No Chg-P CR2E034 (10/03)

4. FEI Number
34-0924476
☐ 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

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHMITT, EDWARD A
STREET ADDRESS	8501 WOODBRIDGE COURT
CITY-ST-ZIP	NORTH RIDGEVILLE, OH
TITLE	SD
NAME	SCHMITT, BARBARA S
STREET ADDRESS	104 WILDERNESS DRIVE, # 138
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	SCHMIDT, CHARLES
STREET ADDRESS	8501 WOODBRIGDE COURT
CITY-ST-ZIP	NORTH RIDGEVILLE, OH
TITLE	DC
NAME	SCHMITT, ROBERT F
STREET ADDRESS	104 WILDERNESS DRIVE, # 138
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/05-80034-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles A Schmidt 3/8/05 440 327-9495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #