2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23639

FILED Jul 20, 2005 Secretary of State

Entity Name: SCHOOP'S ENTERPRISES INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
3905 45TH S HIGHLAND,				
Current Mailing Address:			New Mailing Address:	
3905 45TH S HIGHLAND,				
FEI Number: 3	5-1625078	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and A	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
1200 S. PINE	RATION SYS' E ISLAND RO N, FL 33324	AD		
The above no in the State o		ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the State o	of Florida. É ≣:	ubmits this statement for the p		ed office or registered agent, or both, Date
in the State of SIGNATURE	of Florida. Electroni with s. 607.193	c Signature of Registered Ago (2)(b), F.S., the corporation did no	ent	
in the State of SIGNATURE In accordance Election Camp	of Florida. Electroni with s. 607.193	c Signature of Registered Age (2)(b), F.S., the corporation did no Trust Fund Contribution ().	ent ot receive the prior notice.	
in the State of SIGNATURE In accordance Election Camp OFFICERS ATTILE: Name: Address:	of Florida. Electroni with s. 607.193 paign Financing AND DIRECT	c Signature of Registered Age (2)(b), F.S., the corporation did not Trust Fund Contribution (). ORS: Delete (H., LANE	ent ot receive the prior notice.	Date
in the State of SIGNATURE in accordance Election Camp OFFICERS ATTILL: Name: City-St-Zip: Title: Name: Name: Address:	Electronic Electronic with s. 607.193 paign Financing AND DIRECT PD () SCHOOP, MARK 1905 LAMBERT MUNSTER, IN 4	c Signature of Registered Age (2)(b), F.S., the corporation did not Trust Fund Contribution (). **ORS:** Delete (H.,	ent of receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD NEWELL SD 07/20/2005