

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90011 008 ***158.75

DOCUMENT # P93000031196

1. Entity Name
SCHNARS ENGINEERING CORPORATION



Principal Place of Business
**951 BROKEN SOUND PARKWAY
SUITE 320
BOCA RATON, FL 33487 US**

Mailing Address
**951 BROKEN SOUND PARKWAY
SUITE 320
BOCA RATON, FL 33487 US**



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0407145 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MAHANNAH, JAMES W.
951 BROKEN SOUND PARKWAY
SUITE 108
BOCA RATON, FL 33487**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------------|
| TITLE | D |
| NAME | SCHNARS, JEFFREY T |
| STREET ADDRESS | 951 BROKEN SOUND PKWY STE 320 |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |

| | |
|----------------|--------------------------------------|
| TITLE | D |
| NAME | MAHANNAH, JAMES |
| STREET ADDRESS | 951 BROKEN SOUND PKWY STE 320 |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
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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:

Jeffrey T Schnars, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07
Date
241-6455
Daytime Phone #