

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P93000053012

1. Entity Name
CURY-SCHIMMEL II CORPORATION



Principal Place of Business
**12627 SAN JOSE BLVD, SUITE 706
JACKSONVILLE, FL 32223**

Mailing Address
**12627 SAN JOSE BLVD, SUITE 706
JACKSONVILLE, FL 32223**



02172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3196602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CURY, RENEE
12627 SNA JOSE BLVD
STE 706
JACKSONVILLE, FL 32223**

**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 NAME STREET ADDRESS CITY- ST- ZIP	C SCHIMMEL, IRA 1988 CLASSIC DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CURY, PHILLIP H 12627 SAN JOSE BLVD STE 706 JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS CURY, RENEE 12627 SAN JOSE BLVD STE 706 JACKSONVILLE, FL 32223
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**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80016-016 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip H. Cury 4-22-07 904-268-7361

Date

Daytime Phone #