2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000053012

 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 FILED
Jan 30, 2008 08:00 AM
Secretary of State



01052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3196602

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registered office	or registered agent, or both.	in the State of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent sig	gnature required when reinstating)	DATE
	9. Election Campaign Financing	\$5.00 May 80	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE SCHIMMEL IRA NAME 1988 CLASSIC DRIVE STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE NAME CURY, PHILLIP H 12627 SAN JOSE BLVD STE 706 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 AS TITLE CURY, RENEE NAME STREET ADDRESS 12627 SAN JOSE BLVD STE 706 CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

0000000804644 02/05/08-80062-016 150.00

DO NOT WRITE
IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 OF PRINTER

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08

9042687361

Date

Davime Phone #