

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000063314

1. Entity Name
SCHINDLER ENTERPRISES INC.



Principal Place of Business
3961 SKYWAY DRIVE
NAPLES, FL 34112 US

Mailing Address
3961 SKYWAY DRIVE
NAPLES, FL 34112 US

FILED

08 MAY 12 AM 10:07

CLERK OF THE STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

05062008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
34-1270686

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHINDLER, RONALD
3961 SKYWAY DRIVE
NAPLES, FL 34112

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

5/6/08

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
SCHINDLER, RONALD
STREET ADDRESS
3961 SKYWAY DRIVE
CITY-ST-ZIP
NAPLES, FL 34112 ☐ Delete

TITLE
NAME
VP
SCHINDLER, JOSEPH
STREET ADDRESS
6127 THRESHER DR.
CITY-ST-ZIP
NAPLES FL 34112 ☐ Change ☒ Addition

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
SEC
SCHINDLER, PAMELA
STREET ADDRESS
6127 THRESHER DR.
CITY-ST-ZIP
NAPLES FL 34112 ☐ Change ☒ Addition

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
TREAS.
SCHINDLER, SHEILA
STREET ADDRESS
3961 SKYWAY DR
CITY-ST-ZIP
NAPLES FL 34112 ☐ Change ☒ Addition

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
40012959322
STREET ADDRESS
05/15/08--01020--010 **70.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Ronald Schindler

5/6/08