

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 02, 2004 8:00 am
Secretary of State

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01132004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000084300 1. Entity Name DAVID M. SCHMIDT, INC.					
Principal Place of Business 1830 SW 65TH STREET POMPANO BEACH, FL 33068 US			Mailing Address 1830 SW 65TH STREET POMPANO BEACH, FL 33068 US		
2. Principal Place of Business 226 SW Chelsea Terrace Suite, Apt. #, etc.		3. Mailing Address 226 SW Chelsea Terrace Suite, Apt. #, etc.			
City & State Port St. Lucie, FL Zip 34984		City & State Port St. Lucie, FL Zip 34984		4. FEI Number 65-0537833	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMIDT, DAVID 1830 SW 65TH AVENUE POMPANO BEACH, FL 33068			7. Name and Address of New Registered Agent Name Schmidt, DAVID Street Address (P.O. Box Number is Not Acceptable) 226 SW Chelsea Terrace City Port St. Lucie FL Zip Code 34984		
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 DAVID M. SCHMIDT 1/29/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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 STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SCHMIDT, DAVID 1830 S.W. 65TH AVE. POMPANO BEACH, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 226 SW Chelsea Terrace Port St. Lucie, FL 34984	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SCHMIDT, LINDA 1830 SW 65TH AVENUE POMPANO BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 226 SW Chelsea Terrace Port St. Lucie, FL 34984	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: DAVID M. SCHMIDT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/29/04 772-340-5836 Date Daytime Phone #		