

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90019 049 \*\*\*150.00

**DOCUMENT # P95000008426**

1. Entity Name

SCHIESSL, INC.



Principal Place of Business

9410 NW 3RD STREET  
HOLLYWOOD FL 33024

Mailing Address

9410 NW 3RD STREET  
HOLLYWOOD FL 33024

2. Principal Place of Business

2300 N. 61 TER.  
Suite, Apt. #, etc.  
Hollywood FL.  
City & State

3. Mailing Address

2300 N. 61 TER  
Suite, Apt. #, etc.  
Hollywood FL.  
City & State



MOORE

CR2E034 (11/03)

4. FEI Number

65-0566949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHIESSL, PETER  
9410 N.W. 3RD STREET  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SCHIESSL, PETER  
STREET ADDRESS 9410 N.W. 3RD STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/04 954 981 9225

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

*Attachment*

DOCUMENT # H06278

1. Entity Name  
BRITT'S WELDING, INC.



Principal Place of Business  
238 SOUTH DIXIE HIGHWAY EAST  
POMPANO BEACH, FL 33060

Mailing Address  
238 SOUTH DIXIE HIGHWAY EAST  
POMPANO BEACH, FL 33060

*54022402*



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2419432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BRITTON, CHARLES  
22281 SANDS POINT DR.  
BOCA RATON, FL 33433

**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, 2004 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	VST BRITTON, CHARLES 22281 SANDS POINT DR. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRITTON, ELIZABETH J. 777 S FED HWY APT RP 817 POMPANO BCH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRITTON, CHARLES 22281 SANDS POINT DR. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**SIGNATURE:**

*Charles Britton V/P*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-22-04*  
Date

Daytime Phone #