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PINELLAS TAX

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Jun 01, 2004 8:00 am
Secretary of State

05-05-2004 90227 030 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000010650

1. Entity Name
C. W. SCHNEIDER GENERAL CONTRACTORS, INC.



Principal Place of Business
**2280 34TH WAY NORTH, STE. 1
LARGO, FL 33771**

Mailing Address
**2280 34TH WAY NORTH, STE. 1
LARGO, FL 33771**

66425523



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3298380

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BYINGTON, BILL
2280 34TH WAY NORTH, STE. 1
LARGO, FL 33771**

**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 not required when reappointing)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
BYINGTON, BILL
14163 102ND AVE. NORTH
LARGO, FL 34774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SCHNEIDER, C.W.
14163 102ND AVE. NORTH
LARGO, FL 34774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recipient of trustee empowering 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:

William Byington
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

William Byington
DATE

**5.26.04
(22) 530-4408**
Daytime Phone