
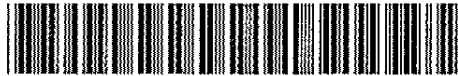


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000096791</b> 1. Entity Name <b>KARL D. SCHNEIDER AGENCY, INC.</b>					
Principal Place of Business <b>1170 HWY A1A SATELLITE BEACH FL 32937 US</b>			Mailing Address <b>PO BOX 372303 SATELLITE BEACH FL 32937-0303 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/04)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>59-0940335</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>KARL D SCHNEIDER 819 LOGGERHEAD ISLAND WAY SATELLITE BEACH FL 32937</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> 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	PSTD SCHNEIDER, KARL D 819 LOGGERHEAD ISLAND WAY SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHNEIDER, MICHELE 819 COGGERHEAD ISLAND WAY SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Karl D. Schneider</i> <b>KARL SCHNEIDER</b>			Date <b>4-8-05</b> Daytime Phone # <b>321-773-0990</b>		