

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000096791

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** KARL D. SCHNEIDER AGENCY, INC.

**Current Principal Place of Business:**

1170 HWY A1A  
SATELITE BEACH, FL 32937 US

**New Principal Place of Business:**

1170 HWY A1A  
SATELLITE BEACH, FL 32937 US

**Current Mailing Address:**

PO BOX 372303  
SATELLITE BEACH, FL 329370303 US

**New Mailing Address:**

**FEI Number:** 59-0940335      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KARL D SCHNEIDER  
819 LOGGERHEAD ISLAND WAY  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SCHNEIDER, KARL D  
Address: 819 LOGGERHEAD ISLAND WAY  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD  
Name: SCHNEIDER, MICHELE  
Address: 819 LOGGERHEAD ISLAND WAY  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARL SCHNEIDER

PSTD

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date