

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 019 ***150.00

DOCUMENT # P96000028386

1. Entity Name

SCHWARZE CUSTOM BUILDERS, INC.



Principal Place of Business

218-A E EAU GALLIE BLVD, SUITE 100
INDIAN HARBOUR BEACH, FL 32937

Mailing Address

218-A E EAU GALLIE BLVD, SUITE 100
INDIAN HARBOUR BEACH, FL 32937

94081183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3377082

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARZE, ERIC D
218-A E EAU GALLIE BLVD, SUITE 100
INDIAN HARBOUR BEACH, FL 32937

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

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	PD	<input type="checkbox"/> Delete
NAME	SCHWARZE, ERIC D	
STREET ADDRESS	218-A E EAU GALLIE BLVD, SUITE 100	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRALEY, WILLIAM T	
STREET ADDRESS	218A E EAU GALLIE BLVD STE 100	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MILLER, RUSSELL S	
STREET ADDRESS	218A E EAU GALLIE BLVD STE 100	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, P, T, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SCHWARZE, ERIC D	
STREET ADDRESS	218-A E EAU GALLIE BLVD, #100	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eric D. Schwarze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 321-728-0344