2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000032797

Entity Name: H & W SCHMITZ SERVICE, INC.

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4703 S.W. 24TH PLACE C/O SSI ACCT+TAX SVC 1500 COLONIAL BLVD

CAPE CORAL, FL 33914 SUITE 235

CAPE CORAL, FL 33993

Current Mailing Address: New Mailing Address:

1500 COLONIAL BLVD SUITE 235 FORT MYERS, FL 33907

FEI Number: 65-0743615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHMITZ, WERNER SSI ACCOUNTING AND TAX SERVICE INC.

4703 SW 24TH PL 1500 COLOINAL BLVD

CAPE CORAL, FL 33914 US SUITE 235 FORT MYERS, FL 33907 US

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: WERNER SCHMITZ 04/12/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: SCHMITZ, WERNER L SCHMITZ, WERNER L

Address: 4703 S.W. 24TH PLACE Address: % SSI ACCT+TAX SVC 1500 COLONIAL BLVD

City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: FORT MYERS, FL 33907

Title: SVD () Delete Title: SVD (X) Change () Addition

Name: SCHMITZ, HANNELORE U Name: SCHMITZ, HANNELORE U

Address: 4703 S.W. 24TH PLACE Address: % SSI ACCT+TAX SVC 1500 COLONIAL BLVD

City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WERNER SCHMITZ P 04/12/2005