


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90180 042 \*\*\*150.00

|  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| <b>DOCUMENT #P98000032232</b><br>1. Entity Name<br><b>SOUTHEAST VOLUSIA INDUSTRIAL PARKS, INC.</b>   |   |  |  |  |   |  |
| Principal Place of Business<br><b>123 SOUTH STREET<br/>OAK HILL, FL 32759 US</b>   |   |  | Mailing Address<br><b>123 SOUTH STREET<br/>OAK HILL, FL 32759 US</b>   |   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |   |   |  |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country   |  |   |   |  |
| 4. FEI Number<br><b>59-3508472</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WOODS, JUDSON I JR.<br/>116 N. RIDGEWOOD AVENUE<br/>EDGEWATER, FL 32132</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____  |   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>SCHNEIDER, DARWIN<br>123 SOUTH ST<br>OAK HILL, FL 32759         |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br>SCHNEIDER, RUSSELL<br>1913 BLAKE PLACE<br>DAYTONA BCH, FL 32119 |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4381 Beacon Light Rd<br/>Edgewater, FL 32141</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>SCHNEIDER, JAMES<br>324 N GAINES<br>OAK HILL, FL 32759          |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |  |  |   |   |  |
| <b>SIGNATURE:</b> <u>Darwin Schneider</u> <b>4/17/07</b> <b>386-345-0391</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>   |   |  |  |   |   |  |