

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90042 040 \*\*\*158.75

**DOCUMENT # P99000009416**

1. Entity Name

MARK SCHNEIDER INDUSTRIES, INC.



Principal Place of Business

552 ALPINE STREET  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address

P O BOX 181937  
CASSELBERRY FL 32718-1937  
US

2. Principal Place of Business

1603 N. Indian River Rd

3. Mailing Address

P.O. Box 929

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

New Smyrna Beach, Florida

City & State

New Smyrna Beach, FL

4. FEI Number

59-3552663

Applied For

Not Applicable

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

SCHNEIDER, WILLIAM M  
552 ALPINE STREET  
ALTAMONTE SPRINGS FL 32701

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

*Mark Schneider President*

3-2-04

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**

**Make Check Payable to Florida Department of State**

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 P  
NAME SCHNEIDER, WILLIAM M  
STREET ADDRESS 552 ALPINE STREET P.O. Box 929  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 NSB, FL 32170

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark Schneider President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04

Date

Daytime Phone #

386-689-6275