

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90266 044 ***150.00

DOCUMENT # P99000029620

1. Entity Name
STUDIO 236 INC.



Principal Place of Business
**1810 S VOLUSIA AVE
SUITE A
ORANGE CITY, FL 32763**

Mailing Address
**1810 S VOLUSIA AVE
SUITE A
ORANGE CITY, FL 32763**

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3585716

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANGFORD, CAROL W
1948 SUNSET COURT
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGFORD, CAROL W 1948 SUNSET COURT DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUMACHER, MARYANN C 1214 WEEPING WILLOW DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUMACHER, JOHN 1214 WEEPING WILLOW DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGFORD, RICHARD C 1948 SUNSET COURT DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Maryann Schumacher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARYANN SCHUMACHER

4/12/04

Date

386-851-0999

Daytime Phone #