

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000052925

1. Entity Name
SCHNEIDER HOLDINGS, INC.



Principal Place of Business
10639 AVENIDA SANTA ANA
BOCA RATON, FL 33498-6714

Mailing Address
10639 AVENIDA SANTA ANA
BOCA RATON, FL 33498-6714



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0931078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, DONALD R ESQ.
2720 N. UNIVERSITY DR.
SUNRISE, FL 33322

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

U000000770370
07/24/07-80013-011 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHNEIDER, STUART A
STREET ADDRESS	10639 AVENIDA SANTA ANA
CITY-ST-ZIP	BOCA RATON, FL 334986714

TITLE	D
NAME	SCHNEIDER, LYNNE M
STREET ADDRESS	10639 AVENIDA SANTA ANA
CITY-ST-ZIP	BOCA RATON, FL 334986714

TITLE	D
NAME	SCHNEIDER, MICHAEL A
STREET ADDRESS	10639 AVENIDA SANTA ANA
CITY-ST-ZIP	BOCA RATON, FL 334986714

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/07