

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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



01072008 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 ☐	\$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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, STUART A 10639 AVENIDA SANTA ANA BOCA RATON, FL 334986714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, LYNNE M 10639 AVENIDA SANTA ANA BOCA RATON, FL 334986714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, MICHAEL A 10639 AVENIDA SANTA ANA BOCA RATON, FL 334986714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80067-003 150.00

**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 #

1/15/08 561 487 4511