

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # S94938 1. Entity Name SCHMEHL & HARKNESS, INC.	
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Principal Place of Business
**752 COMMERCE DR
6
VENICE, FL 34292**

Mailing Address
**752 COMMERCE DR
6
VENICE, FL 34292**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0131992	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SCHMEHL, LESLIE
6931 OLD RANCH RD
SARASOTA, FL 34241**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000419174
02/14/06-80037-009 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMEHL, FRED E 6931 OLD RANCH RD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMEHL, KURT F 1433 MUSTANG ST. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARKNESS, GREG 7250 WESTWOOD COURT SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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

FRED E. SCHMEHL

1-31-2006

Date

(941) 485-8708

Daytime Phone #