## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## **Secretary of State** 03-24-2008 90073 041 \*\*\*158.75 DOCUMENT # S94938 SCHMEHL & HARKNESS, INC. Mailing Address Principal Place of Business 50001334 752 COMMERCE DR 752 COMMERCE DR #6 VENICE, FL 34292 VENICE, FL 34292 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite. Apt. #. etc. 01242008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 65-0131992 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHMEHL, LESLIE M RA Street Address (P.O. Box Number is Not Acceptable) 6931 OLD RANCH RD SARASOTA, FL 34241 Zip Code City FL 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE TITLE ☐ Delete Schmenl, Fred E SCHMEHL, FRED E NAME NAME STREET ADDRESS 6931 OLD RANCH RD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34241 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE Dengler Darren W. 5469 Bent Oak Dr SCHMEHL, KURT F NAME NAME 1433 MUSTANG ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE HARKNESS, GREG . Name NAME STREET ADDRESS 7250 WESTWOOD COURT STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34241 CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition - Delete ☐ Change TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FREDE.SCHMEHL

SIGNATURE:

SIGNATURE AN

FILED Mar 24, 2008 8:00 am