2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# 580326

Entity Name: SCHWEND, INC.

Current Principal Place of Business:

28945 JOHNSTON RD
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

28945 JOHNSTON RD
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-1896767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
STE. 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHWEND, CHARLES
Address: 28945 JOHNSTON RD
City-St-Zip: DADE CITY, FL 33523 US

Title: STD ( ) Delete
Name: SCHWEND, JUDITH
Address: 28945 JOHNSTON RD
City-St-Zip: DADE CITY, FL 33523 US

Title: VP ( ) Delete
Name: SCHWEND, JEFFREY
Address: 17528 HAM ROAD
City-St-Zip: DADE CITY, FL 33523 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH D SCHWEND STD 06/22/2009

Electronic Signature of Signing Officer or Director Date