

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117306

Entity Name: SCHROCK & KONAT, INC.

FILED  
Jan 10, 2006  
Secretary of State

## Current Principal Place of Business:

1090 VINELAND PLACE  
LAKE MARY, FL 32746

## New Principal Place of Business:

600 N. HWY 17-92  
STE 168  
LONGWOOD, FL 32750

## Current Mailing Address:

1090 VINELAND PLACE  
LAKE MARY, FL 32746

## New Mailing Address:

600 N. HWY 17-92  
STE 168  
LONGWOOD, FL 32750

FEI Number: 20-3351430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHROCK, CHAD M  
1090 VINELAND PLACE  
LAKE MARY, FL 32746 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHROCK, CHAD M  
Address: 1090 VINELAND PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: V P ( ) Delete  
Name: KONAT, KRISTY L  
Address: 3414 FAWNWOOD DR.  
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete  
Name: SCHROCK, CHAD M  
Address: 1090 VINELAND PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: S ( ) Delete  
Name: KONAT, KRISTY L  
Address: 3414 FAWNWOOD DR.  
City-St-Zip: OCOEE, FL 34761

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHAD M. SCHROCK

P

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date