


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V14698
 1. Entity Name
 M.A. SCHENK & ASSOCIATES, INC.



Principal Place of Business
 111 SANTA CRUZ AVENUE
 ROYAL PALM BEACH, FL 33411

Mailing Address
 111 SANTA CRUZ AVENUE
 ROYAL PALM BEACH, FL 33411



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0311845

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHENK, MICHAEL A.
 111 SANTA CRUZ AVENUE
 ROYAL PALM BEACH, FL 33411

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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, 2004 Fee will be \$550.00

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

U00000109566
 04/12/04 00000-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SCHENK, MICHAEL A.
STREET ADDRESS	111 SANTA CRUZ AVE
CITY-ST-ZIP	ROYAL PALM BCH, FL
TITLE	VT
NAME	SCHENK, SUSAN D.
STREET ADDRESS	111 SANTA CRUZ AVE
CITY-ST-ZIP	ROYAL PALM BCH, FL
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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: Michael A. Schenk MICHAEL A. SCHENK 4/7/04 (561)7919551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #