

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000045503

**Entity Name:** SAMUTEC, INC.

**Current Principal Place of Business:**

608 SW 3RD CT  
CAPE CORAL, FL 33991

**Current Mailing Address:**

608 SW 3RD CT  
CAPE CORAL, FL 33991 US

**FEI Number: 27-2704763**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MANAGEMENT TAX CONSULTING, INC.  
4430 ORCHID BLVD  
202  
CAPE CORAL, FL 33904 US

*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

**Officer/Director Detail :**

Title PT  
Name SCHENK, RALF  
Address 4012 SW 27TH AVE  
City-State-Zip: CAPE CORAL FL 33914

Title VPS  
Name SCHENK, RITA  
Address 4012 SW 27TH AVE  
City-State-Zip: CAPE CORAL FL 33914

Title VP  
Name SCHENK, SABRINA  
Address 237 SE 1ST ST  
City-State-Zip: CAPE CORAL FL 33990

Title VP  
Name SCHENK, ANNKATRIN  
Address 4002 SW 25TH CT  
City-State-Zip: CAPE CORAL FL 33914

Title VP  
Name SCHENK, SEBASTIAN  
Address 608 SW 3RD CT  
City-State-Zip: CAPE CORAL FL 33991

*I hereby 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 all other like empowered.*

**SIGNATURE: RITA SCHENK**

**VP**

**04/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date