


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 482970 1. Entity Name TESCHNER ENTERPRISES, INC.	
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Principal Place of Business 1700 W. INTERNATIONAL SPEEDWAY BLVD. STORE 210 DAYTONA BEACH, FL 32114 US	Mailing Address 1700 W. INTERNATIONAL SPEEDWAY BLVD. STORE 210 DAYTONA BEACH, FL 32114 US
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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1630766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TESCHNER III, EDWARD A.
39 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000863481
04/17/08-80005-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TESCHNER, EDWARD A III 39 SHADOW CREEK WAY ORMOND BCH., FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KRODEL, JUDITH T 5809 SPRUCE CR WOODS DR PORT ORANGE, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TESCHNER, LINDA 39 SHADOW CREEK WAY ORMOND 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

Date

386-258-1600

Daytime Phone #