

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716271

FILED
Apr 22, 2009
Secretary of State

Entity Name: SCHLARAFFIA FLORIDANA, INC.

Current Principal Place of Business:

HORST BLIWERNITZ
10136 - 43RD STREET NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

6519 - 123RD AV N
LARGO, FL 33773

Current Mailing Address:

HORST BLIWERNITZ
10136 - 43RD STREET NORTH
PINELLAS PARK, FL 33782

New Mailing Address:

2255 GLEN DR.
SAFETY HARBOR, FL 34695

FEI Number: 23-7295072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POHL, GUSTAV
2569-10TH AVE SW
LARGO, FL 33770 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POHL, GUSTAV
Address: 2569-10TH AVE SW
City-St-Zip: LARGO, FL 33770

Title: VP (X) Delete
Name: NAEGELIN, GUENTER
Address: 589 OCEANVIEW AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: PELTZER, HORST
Address: 5206 E, 122ND AVE
City-St-Zip: TEMPLE TERRANCE, FL 33617

Title: SD () Delete
Name: BLIWERNITZ, HORST
Address: 10136-43RD STRET NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: T () Delete
Name: SCHEFFER, RUDOLF
Address: 2250 GLEN DR
City-St-Zip: SAFETY HARBOR, FL 34695

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: SD (X) Change () Addition
Name: COMBERG, HARTMUT
Address: 620 - 5TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33701

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDOLF E. SCHEFFER

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04/22/2009

Electronic Signature of Signing Officer or Director

Date