

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854421

FILED
Jan 06, 2004
Secretary of State

Entity Name: SCHENKEL & SHULTZ, INC.

Current Principal Place of Business:

111 EAST WAYNE ST
#555
FT. WAYNE, IN 46802 US

New Principal Place of Business:

Current Mailing Address:

111 E WAYNE ST
#555
FT. WAYNE, IN 46802 US

New Mailing Address:

FEI Number: 35-1382527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: GOULOFF, MICHAEL S,
Address: 11117 CARNOUSTIE LN
City-St-Zip: FT WAYNE, IN 46814

Title: VPD () Delete
Name: DANIEL M TYARCZYNSKI,
Address: 813 COPPERFIELD TERRACE
City-St-Zip: CASSELBERRY, FL 32707

Title: STD () Delete
Name: CHANDLER J THOMAS,
Address: 3331 LAKEVIEW OAKS DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: DANIEL M TYARCZYNSKI,
Address: 4500 BURKE STREET
City-St-Zip: ORLANDO, FL 32814

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 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 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: MICHAEL S. GOULOFF

P/D

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date