

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854421

Entity Name: SCHENKEL & SHULTZ, INC.

FILED
Jan 10, 2005
Secretary of State

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:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: 4500 BURKE STREET
City-St-Zip: ORLANDO, FL 32814

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: CHD (X) Change () Addition
Name: GOULOFF, MICHAEL S,
Address: 11117 CARNOUSTIE LN
City-St-Zip: FT WAYNE, IN 46814

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

Title: PD (X) Change () Addition
Name: CHANDLER J THOMAS,
Address: 3331 LAKEVIEW OAKS DR
City-St-Zip: LONGWOOD, FL 32779

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

CHD

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date