

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000492

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** SHECKLER MANAGEMENT, INC.

**Current Principal Place of Business:**

36043 GRANDPAS RUN  
PRAIRIE DU CHIEN, WI 53821

**New Principal Place of Business:**

**Current Mailing Address:**

36043 GRANDPAS RUN  
PRAIRIE DU CHIEN, WI 53821

**New Mailing Address:**

**FEI Number:** 20-3844617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHECKLER, JILL  
2370 BUCKSKIN DR.  
ENGLEWOOD, FL 34223 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:** CST  
**Name:** SHECKLER, SCOTT  
**Address:** 36043 GRANDPAS RUN  
**City-St-Zip:** PRAIRIE DU CHIEN, WI 53821

**Title:** VCP  
**Name:** SHECKLER, JILL  
**Address:** 36043 GRANDPAS RUN  
**City-St-Zip:** PRAIRIE DU CHIEN, WI 53821

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:** JILL SHECKLER

VCP

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date