



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F61453</b> 1. Entity Name <b>SCHALCK SERVICES, INC.</b>						<b>FILED</b> <b>Feb 06, 2007 08:00 AM</b> <b>Secretary of State</b>							
Principal Place of Business 17350 RIVERSTONE DR. PO BOX 915 LUTZ FL 33548 US				Mailing Address POST OFFICE BOX915 LUTZ FL 33548 US									
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					1st MOORE		CR2E034 (10/06)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4. FEI Number <b>59-2151952</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
City & State			City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required						
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHALCK, WILLIAM F. 17350 RIVERSTONE DR. LUTZ FL 33558						Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining) DATE</small>													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE	PC <input type="checkbox"/> Delete					TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	SCHALCK, WILLIAM F					NAME	U00000624684						
STREET ADDRESS	17350 RIVERSTONE DR					STREET ADDRESS	02/14/07-80044-020 150.00						
CITY- ST- ZIP	LUTZ FL 33558					CITY- ST- ZIP							
TITLE	S <input type="checkbox"/> Delete					TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	SCHALCK, LINDA S					NAME							
STREET ADDRESS	17350 RIVERSTONE DR					STREET ADDRESS							
CITY- ST- ZIP	LUTZ FL 33558					CITY- ST- ZIP							
TITLE	<input type="checkbox"/> Delete					TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME						NAME							
STREET ADDRESS						STREET ADDRESS							
CITY- ST- ZIP						CITY- ST- ZIP							
TITLE	<input type="checkbox"/> Delete					TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME						NAME							
STREET ADDRESS						STREET ADDRESS							
CITY- ST- ZIP						CITY- ST- ZIP							
TITLE	<input type="checkbox"/> Delete					TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME						NAME							
STREET ADDRESS						STREET ADDRESS							
CITY- ST- ZIP						CITY- ST- ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *William F. Schalck* 3/01/07 813 920 8085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #