

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F61453

FILED
Jan 06, 2009
Secretary of State

Entity Name: SCHALCK SERVICES, INC.

Current Principal Place of Business:

17350 RIVERSTONE DR.
PO BOX 915
LUTZ, FL 33548 US

New Principal Place of Business:

17350 RIVERSTONE DR.
LUTZ, FL 33558 US

Current Mailing Address:

POST OFFICE BOX915
LUTZ, FL 33548 US

New Mailing Address:

POST OFFICE BOX 915
LUTZ, FL 33548 US

FEI Number: 59-2151952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHALCK, WILLIAM F.
17350 RIVERSTONE DR.
LUTZ, FL 33558 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: PC () Delete
Name: SCHALCK, WILLIAM F,
Address: 17350 RIVERSTONE DR
City-St-Zip: LUTZ, FL 33558

Title: S () Delete
Name: SCHALCK, LINDA S
Address: 17350 RIVERSTONE DR
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: WILLIAM F. SCHALCK

PC

01/06/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date