

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000001954**

1. Entity Name

SCHACHTEL ASSOCIATES, INC.



Principal Place of Business

109 QUAYSIDE DR  
JUPITER, FL 33477

Mailing Address

109 QUAYSIDE DR  
JUPITER, FL 33477

**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number

06-1324026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000816272

02/14/08-20043-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SCHACHTEL, BERNARD P
STREET ADDRESS	109 QUAYSIDE DR
CITY- ST- ZIP	JUPITER, FL 33477
TITLE	VS
NAME	SCHACHTEL, SUSAN
STREET ADDRESS	109 QUAYSIDE DR
CITY- ST- ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Susan Schachtel* *Susan Schachtel* 1/30/08 5615257330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #