

Jul-02-2004 13:48

From-FRIEDBERG SMITH

120331

7/12/2

FILED

Jul 27, 2004 8:00 am
Secretary of State

07-12-2004 90021 014 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F97000000601		
1. Entity Name SCHACHTEL RESEARCH CENTERS, INC.		
Principal Place of Business 109 QUAYSIDE DRIVE JUPITER, FL 33477	Mailing Address 109 QUAYSIDE DRIVE JUPITER, FL 33477	
DO NOT WRITE IN THIS SPACE		

66430691



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0723903	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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 fee (if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

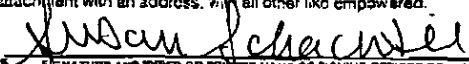
**FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHACHTEL, BERNARD P 109 QUAYSIDE DRIVE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHACHTEL, SUSAN P 109 QUAYSIDE DRIVE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04

Date

561525-2330

Daytime Florida #

Attachment
66430691
F97000000601

SUSAN PARKER SCHACHTEL

As suggested on our telephone conversation, I am writing this letter since the intent to dissolve notice was the first I received. Therefore, I am requesting the \$400.00 fee be waived.

Thank you -

Susan Schachtel
for

Schachtel Research Center

Tel: 561-3797928