

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90330 026 ****61.25

DOCUMENT # N03000004702 1. Entity Name SCHRECKENGHAUST, MICHEL & PACK, INC.					
Principal Place of Business 381 BARD ROAD VENICE, FL 34292			Mailing Address 381 BARD ROAD VENICE, FL 34292		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 34293		Country		Zip 34293	
Country		Country		4. FEI Number 56-2365631	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145					
7. Name and Address of New Registered Agent Name Thomas A Carpenter, Jr. Street Address (P.O. Box Number is Not Acceptable) 333 South Tamiami Tr City Venice FL Zip Code 34285					
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 Thomas A Carpenter, Jr. Thomas A Carpenter, Jr. 04/26/04 <small>Signature, typed or printed name of registered agent or both if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRECKENGHAUST, REX 381 BARD ROAD VENICE, FL 34292 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHEL, JOHN 381 BARD ROAD VENICE, FL 34292 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PACK, JOHN 381 BARD ROAD VENICE, FL 34292 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shirley A Armstrong 440 E S Lake Dr Venice FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael J Stahl 504 Wexford Dr Venice FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gene Boyd 450 Bard Road Venice FL 34293				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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					
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 617, 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: TSR Schreckenghaus 4-27-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66422780



04262004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name **Thomas A Carpenter, Jr.**
 Street Address (P.O. Box Number is Not Acceptable) **333 South Tamiami Tr**
 City **Venice** FL Zip Code **34285**

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 **Thomas A Carpenter, Jr.** **Thomas A Carpenter, Jr.** **04/26/04**
Signature, typed or printed name of registered agent or both if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004
 9. Election Campaign Financing Trust Fund Contribution. ☐
 \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete PD SCHRECKENGHAUST, REX 381 BARD ROAD VENICE, FL 34292 34293	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD SCHRECKENGHAUST, REX 381 BARD ROAD VENICE, FL 34292 34293
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete VD MICHEL, JOHN 381 BARD ROAD VENICE, FL 34292 34293	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD MICHEL, JOHN 381 BARD ROAD VENICE, FL 34292 34293
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete STD PACK, JOHN 381 BARD ROAD VENICE, FL 34292 34293	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STD PACK, JOHN 381 BARD ROAD VENICE, FL 34292 34293
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete D Shirley A Armstrong 440 E S Lake Dr Venice FL 34293	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Shirley A Armstrong 440 E S Lake Dr Venice FL 34293
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete D Michael J Stahl 504 Wexford Dr Venice FL 34293	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Michael J Stahl 504 Wexford Dr Venice FL 34293
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete D Gene Boyd 450 Bard Road Venice FL 34293	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Gene Boyd 450 Bard Road Venice FL 34293
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: **TSR Schreckenghaus** **4-27-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR