


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004702 1. Entity Name SCHRECKENGHAUST, MICHEL & PACK, INC.	
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Principal Place of Business 381 BARD ROAD VENICE, FL 34293	Mailing Address 381 BARD ROAD VENICE, FL 34293
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04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2365631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, THOMAS A JR.
333 SOUTH TAMiami TrL.
#384
VENICE, FL 34285

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHRECKENGHAUST, REX 381 BARD ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MICHEL, JOHN 381 BARD ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PACK, JOHN 381 BARD ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, SHIRLEY A 440 E SHADE DR. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STAHL, MICHAEL J 504 WEXFORD DR. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYD, GENE 450 BARD RD. VENICE, FL 34293

UN00000328977
04/25/05-80100-009 61.25

**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 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:  **4-22-05 981-484-1673**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #