

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000004702**

**1. Entity Name**  
**SCHRECKENGHAUST, MICHEL & PACK, INC.**



**Principal Place of Business**

**381 BARD ROAD  
VENICE, FL 34293**

**Mailing Address**

**381 BARD ROAD  
VENICE, FL 34293**



03302006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**56-2365631**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐ **\$5.00 May Be  
Added to Fees**

**1100001534038  
05/06/06-80146-024 61.25**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** SCHRECKENGHAUST, REX  
**STREET ADDRESS** 381 BARD ROAD  
**CITY-ST-ZIP** VENICE, FL 34293

**TITLE** VD  
**NAME** MICHEL, JOHN  
**STREET ADDRESS** 381 BARD ROAD  
**CITY-ST-ZIP** VENICE, FL 34293

**TITLE** STD  
**NAME** PACK, JOHN  
**STREET ADDRESS** 381 BARD ROAD  
**CITY-ST-ZIP** VENICE, FL 34293

**TITLE** D  
**NAME** ARMSTRONG, SHIRLEY A  
**STREET ADDRESS** 440 E SHADE DR.  
**CITY-ST-ZIP** VENICE, FL 34293

**TITLE** D  
**NAME** STAHL, MICHAEL J  
**STREET ADDRESS** 504 WEXFORD DR.  
**CITY-ST-ZIP** VENICE, FL 34293

**TITLE** D  
**NAME** BOYD, GENE  
**STREET ADDRESS** 450 BARD RD.  
**CITY-ST-ZIP** VENICE, FL 34293

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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 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:** *T Rex Schreckenghaust* **4-22-06 941-484-1673**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #