

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
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



04252007 No Chg-NP

CR2E037 (4/06)

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

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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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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**

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05/17/07-80029-007 61.25

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: *Rej Schreckenghau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Date

941-270-0568

Daytime Phone #