

**FILED****May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90008 042 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****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

40100109



04252008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
56-2365631Applied For  
Not Applicable5. 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, 2008**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 34293TITLE VD  
NAME MICHEL, JOHN  
STREET ADDRESS 381 BARD ROAD  
CITY-ST-ZIP VENICE, FL 34293TITLE STD  
NAME PACK, JOHN  
STREET ADDRESS 381 BARD ROAD  
CITY-ST-ZIP VENICE, FL 34293TITLE D  
NAME ARMSTRONG, SHIRLEY A  
STREET ADDRESS 440 E SHADE DR.  
CITY-ST-ZIP VENICE, FL 34293TITLE D  
NAME STAHL, MICHAEL J  
STREET ADDRESS 504 WEXFORD DR.  
CITY-ST-ZIP VENICE, FL 34293TITLE D  
NAME ~~BOYD, GENE~~ Eric Kinsley  
STREET ADDRESS ~~450 BARD RD~~ 381 Bard Rd  
CITY-ST-ZIP VENICE, FL 34293**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08  
Date941-270-0568  
Daytime Phone #