

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18355

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** SCHLARAFFIA "PORTA-PASCONIA" INC.

**Current Principal Place of Business:**

10310 FRIESON LAKE DR  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

18652 AUTUMN LAKE BLVD  
HUDSON, FL 34667 US

**New Mailing Address:**

**FEI Number:** 59-2547254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEHER, H. WILLIAM  
18701 GOLDEN HAWK COURT  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SEHER, H. WERNER  
Address: 18701 GOLDEN HAWK COURT  
City-St-Zip: HUDSON, FL 34667

Title: VTD ( ) Delete  
Name: BRUCKNER, HERBERT J  
Address: 12907 TEAKWOOD LANE  
City-St-Zip: HUDSON, FL 34667

Title: DVP ( ) Delete  
Name: WOLF, H.J.  
Address: 11331 STONEYBROOK PATH  
City-St-Zip: PORT RICHEY, FL 34668

Title: DS ( ) Delete  
Name: STIMMEL, JOACHIM  
Address: 13744 HIDDEN VALLEY CT  
City-St-Zip: HUDSON, FL 34667

Title: DT ( ) Delete  
Name: ROGALSKI, GERHARD  
Address: 18652 AUTUMN LAKE BLVD  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEHARD O. ROGALSKI

TREA

01/07/2005

Electronic Signature of Signing Officer or Director

Date