

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18355

FILED  
Jan 16, 2007  
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:**

BRUCKNER, HERBERT J  
12907 TEAKWOOD LN.  
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: BRUCKNER, HERBERT J  
Address: 12907 TEAKWOOD LN.  
City-St-Zip: HUDSON, FL 34667

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

Title: DVP ( ) Delete  
Name: BARTELS, OCKE  
Address: 9314 ELDRIDGE RD.  
City-St-Zip: SPRING HILL, FL 34608

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 Chapter 119, 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: GERHARD ROGALSKI

DT

01/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date