


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90073 027 ****61.25

DOCUMENT # N95000004193 1. Entity Name S.T.V. MAIGLOCKCHEN OF DAYTONA BEACH, INC.					
Principal Place of Business 2573 TREEHAVEN DRIVE DELTONA, FL 32738			Mailing Address 2573 TREEHAVEN DRIVE DELTONA, FL 32738		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3334095	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUMANN, THOMAS F 2573 TREEHAVEN DRIVE DELTONA, FL 32738			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME SCHUMANN, THOMAS F STREET ADDRESS 2573 TREEHAVEN DR. CITY-STATE-ZIP DELTONA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME PHOTIADES, STEVE STREET ADDRESS 1930 BOTREE COURT CITY-STATE-ZIP PORT ORANGE, FL 32128	<input type="checkbox"/> Delete		TITLE VO NAME Kleinfelder, Armin STREET ADDRESS 795 Pheasant Run Court CITY-STATE-ZIP Port Orange, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TFSD NAME SCHUMANN, CAROL J STREET ADDRESS 2573 TREEHAVEN DR. CITY-STATE-ZIP DELTONA, FL 32738	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME PHOTIADES, BARBARA STREET ADDRESS 1930 BOTREE CT. CITY-STATE-ZIP PORT ORANGE, FL 32128	<input type="checkbox"/> Delete		TITLE SD NAME Schumann, Paula STREET ADDRESS 2573 Treehaven Dr. CITY-STATE-ZIP Deltona, FL 32738	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: Thomas F. Schumann THOMAS F. SCHUMANN 2/27/2005 386-789-3968 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					

40017044



01222005 Chg-NP CR2E037 (10/03)