

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90104 019 ****61.25

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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



04122006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3334095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHUMANN, THOMAS F
2573 TREE HAVEN DRIVE
DELTONA, FL 32738

**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 restateing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUMANN, THOMAS F 2573 TREEHAVEN DR. DELTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLEINFELDER, ARMIN 795 PHEASANT RUN COURT PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TFSD SCHUMANN, CAROL J 2573 TREEHAVEN DR. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUMANN, PAULA 2573 TREEHAVEN DR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Thomas F. Schumann* **THOMAS F. SCHUMANN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06
Date

386-789-3968
Daytime Phone #