

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004193

FILED
Mar 28, 2009
Secretary of State

Entity Name: S.T.V. MAIGLOCKCHEN OF DAYTONA BEACH, INC.

Current Principal Place of Business:

2573 TREEHAVEN DRIVE
DELTONA, FL 32738

New Principal Place of Business:

2573 TREEHAVEN DR.
DELTONA, FL 32738

Current Mailing Address:

2573 TREEHAVEN DRIVE
DELTONA, FL 32738

New Mailing Address:

2573 TREEHAVEN DR.
DELTONA, FL 32738

FEI Number: 59-3334095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHUMANN, THOMAS F
2573 TREEHAVEN DR.
DELTONA, FL 32738 US

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:

03/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHUMANN, THOMAS F
Address: 2573 TREEHAVEN DR.
City-St-Zip: DELTONA, FL

Title: VD () Delete
Name: KLEINFELDER, ARMIN
Address: 795 PHEASANT RUN COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: TFSD () Delete
Name: SCHUMANN, CAROL J
Address: 2573 TREEHAVEN DR.
City-St-Zip: DELTONA, FL 32738

Title: SD (X) Delete
Name: SCHWALBE, JILLIAN
Address: 759 RENEGADE LANE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SCHUMANN, THOMAS F
Address: 2573 TREEHAVEN DR.
City-St-Zip: DELTONA, FL 32738

Title: VD (X) Change () Addition
Name: KLEINFELDER, ARMIN
Address: 795 PHEASANT RUN CT.
City-St-Zip: PORT ORANGE, FL 32127

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 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: THOMAS F. SCHUMANN

PSD

03/28/2009

Electronic Signature of Signing Officer or Director

Date