## 2004 FOR PROFIT CORPORATION

SIGNATURE: Schul Schunck Sally Schunck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

1-26-04 Date

Daytime Phone #

ANNUAL KEPUK I				Feb 11, 2004 U8:00 Af			
1. Entity Nan			Secretary of State				
SCHANC	CK EQUITIES GROUP, INC.						
Principal Plac	ce of Business	Mailing Address		]			
5551 RIDGEWOOD DR., SUITE 501 5551 RIDGEWOOD DR., SUITE NAPLES, FL 34108 NAPLES, FL 34108			E 501	1			
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	O NOT WRITE	IN THIS SPA	<b>ICE</b>	4. FEI Numb		Applied For	
		- ,	The second of	59-364	3732	Not Applicable \$8.75 Additional	
en many			Marie Committee	5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current Re	gistered Agent			<u> </u>	State of the state	
BRADLEY, TODD L ESQ. 5551 RIDGEWOOD DR., SUITE 501				DO NOT WRITE			
NAPLES, FL 34108			IN THIS SPACE				
						F Menu	
8. The above	named entity submits this statement for t	ne purpose of changing its regist	ered office or register	ed agent, or bo	th, in the State of Florida. L	am familiar with, and accent	
the obliga	tions of registered agent.	,			<b>5,</b>		
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NQTE: Registi	ered Agent signature required	when reinstating)	DA:	<u></u>	
	<u> </u>	O Florito Como Ser					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be U00000046793 ded to Fees 02/12/04-80015-004 150.00			
10.	OFFICERS AND DI	RECTORS				n to Apply with	
title name	D SCHANCK, SALLY	-					
STREET ADDRESS	4484 FURMAN HWY.						
CITY-ST-ZIP	CLAYTON, MI 49235			d. ""	Sandyr b a	••	
NAME			Į.				
STREET ADDRESS CITY-ST-ZIP							
TITLE	· · · · · · · · · · · · · · · · · · ·				The state of the s		
NAME STREET ADDRESS			1	-	A LOSSIA DE COME		
CITY-SY-ZIP		<u> </u>		Π̈́O	NOT WRIT	The second section of the second seco	
TITLE				IN T	THIS SPAC	E	
NAME STREET ADDRESS				4			
CITY-ST-ZIP					······································	······································	
TITLE NAME			1				
STREET ADDRESS							
CITY-ST-ZIP			=-   : : *		Salad Salad Salad Salad	Maria Carante	
NAME			1				
STREET ADDRESS CITY-ST-ZIP					a y garantan		
	certify that the information supplied with th	is filing does not qualify for the ex	emption stated in Sec	ction 119.07(3)(	i), Florida Statutes. I further	certify that the information	
indicated of the cor changed	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow , or on an attachment with an address, with	ie and accurate and that my sign ared to execute this report as requal all other like empowered.	ature shall have the s ulred by Chapter 607	ame legal effec , Florida Statute	t as if made under oath; that s; and that my name appea	t I am an officer or director is in Block 10 or Block 11 if	