

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90110 009 ***150.00

DOCUMENT # P04000168536	
1. Entity Name SCHRATTER DESIGN SERVICE, INC.	

Principal Place of Business 28183 OLD TRILBY RD. BROOKSVILLE, FL 34602	Mailing Address 28183 OLD TRILBY RD. BROOKSVILLE, FL 34602
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04152008 Chg-P CR2E034 (12/06)

4. FEI Number 16-1713694	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 SCHRATTER, SHIRLEY J 28183 OLD TRILBY RD. BROOKSVILLE, FL 34602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRATTER, SHIRLEY J 28183 OLD TRILBY RD. BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: Shirley J. Schratter **135-2 754-9088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Schratter
Design
Service**

28183 Old Trilby Rd
Brooksville FL 34602
352 - 754 - 9088

ATTACHMENT

40079918

#P04000168536

**Written Consent in Lieu of
Second Meeting of Shareholders
Schratter Design Service Inc.**

The undersigned, being the sole shareholder of
Schratter Design Service Inc. a Florida corporation ,
hereby consents in writing to the adoption of the following
resolutions, in taking said action in lieu of a meeting as
permitted by section 607.0704 of the Florida Statutes.

Resolved

That the sole shareholder of the corporation hereby ratifies
all actions taken by the incorporation and board of
directors since the date of last filing.

in witness whereof, the undersigned, being the sole
shareholder of the corporation, hereby executes this
written consent of the sole shareholder in lieu of a
meeting, effective as of the first day of April 2007


Shirley J. Schratter