

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000051734

Entity Name: SCHIRALDI SERVICES, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

129 PLANTATION RD.  
DEBARY, FL 32713 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

129 PLANTATION RD.  
DEBARY, FL 32713 US

## **New Mailing Address:**

PO BOX 530009  
DEBARY, FL 32753 US

FEI Number: 20-4671482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SCHIRALDI, MICHAEL  
129 PLANTATION RD.  
DEBARY, FL 32713 US

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PVST  
Name: SCHIRALDI, MICHAEL  
Address: 129 PLANTATION RD.  
City-St-Zip: DEBARY, FL 32713 US

Title: D  
Name: SCHIRALDI, MICHAEL  
Address: 129 PLANTATION RD.  
City-St-Zip: DEBARY, FL 32713 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SCHIRALDI

PVST

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date