

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000098279

Entity Name: P & C TRAU SCHKE INC

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9267 PINTO DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

9267 PINTO DRIVE  
LAKE WORTH, FL 33467 US

**Current Mailing Address:**

9267 PINTO DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

9267 PINTO DRIVE  
LAKE WORTH, FL 33467 US

FEI Number: 45-3793137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TRAUSCHKE, PAUL J  
9267 PINTO DRIVE  
LAKE WORTH, FL 33467 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: PD  
Name: TRAU SCHKE, PAUL J  
Address: 9267 PINTO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: STD  
Name: TRAU SCHKE, CLAUDIA L  
Address: 9267 PINTO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

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: CLAUDIA TRAU SCHKE

STD

03/29/2012

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

\_\_\_\_\_  
Date