

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90037 019 ***150.00

DOCUMENT # P98000063427 1. Entity Name TSCHETTER ENTERPRISES, INC.					
Principal Place of Business 7640 N. WICKHAM RD., STE. 101-B (P.O. BOX 410999 MELBOURNE, FL. 32941) MELBOURNE, FL 32940			Mailing Address 7640 N. WICKHAM RD., STE. 101-B (P.O. BOX 410999 MELBOURNE, FL. 32941) MELBOURNE, FL 32940		
2. Principal Place of Business 7640 N. Wickham Road Suite, Apt. #, etc. Suite 101-B City & State Melbourne, FL Zip 32940		3. Mailing Address P.O. Box 410999 Suite, Apt. #, etc. City & State Melbourne, FL Zip 32940			
Country US		Country US		01032006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3523802				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 BASS, RAYMOND L JR. THE MOORINGS PROFESSIONAL BUILDING 2335 TAMiami TRAIL N., SUITE 409 NAPLES, FL 34103-4459			7. Name and Address of New Registered Agent Name John Kancilia, Gray Robinson Street Address (P.O. Box Number is Not Acceptable) 1800 W. Hibiscus Blvd. City Melbourne FL Zip Code 32901		
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 DATE 1-6-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSCHETTER, GARY 19400 PEACHLANE BLVD. PORT CHARLOTTE, FL 33948	<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	D Haley, Myra K. P.O. Box 410999 Melbourne, FL 32941	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haley, Myra K. P.O. Box 410999 Melbourne, FL 32941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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	
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	
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:			01/03/06 (321) 242-6210		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		