2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000027873

1. Entity Name

HERBERT SCHENK, P.A.

Principal Place of Business

PEMBROKE PINES, FL 33026

11361 N.W. 15 CT.

Mailing Address

PEMBROKE PINES, FL 33026

11361 N.W. 15 CT.

FILED

Apr 08, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02202004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 65-0909369 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SCHENK, HERBERT 11361 N.W. 15 CT. PEMBROKE PINES, FL 33026

the obligations of registered agent.

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reins				DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	OTORS .		
Title Name Street address City-St-Zip	PD SCHENK, HERBERT 11361 N.W. 15 CT. PEMBROKE PINES, FL 33026	 . <u>-</u>		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000106458 04/08/04-80016-015 150.00 —
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
Title Name Street Address City-St-ZIP				
TITLE NAMÈ STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 his 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.				

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