

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P99000076893

1. Entity Name

SCHUCHMAN ENTERPRISES, INC.



**FILED  
Feb 28, 2005 8:00 am  
Secretary of State**

02-28-2005 90214 043 \*\*\*150.00

Principal Place of Business

6706 N NINTH AVE  
BLDG D STE 19  
PENSACOLA FL 32504

Mailing Address

5397 FLINTWOOD CIRCLE  
PENSACOLA FL 32504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1852249

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHUCHMAN, NORMAN J  
5325 FLINTWOOD CIRCLE  
PENSACOLA FL 32504

Name

PAUL LUCKAR

Street Address (P.O. Box Number is Not Acceptable)

945 W. MICHIGAN AVE.

City

PENSACOLA

FL

Zip Code  
32505

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$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

P  
SCHUCHMAN, DONNA SUE  
5397 FLINTWOOD CIRCLE  
PENSACOLA FL 32504

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
SCHUCHMAN, DONNA SUE  
1741 MOONGLOW RD  
CENTRALIA, IL 62801

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
SCHUCHMAN, NORMAN J  
5397 FLINTWOOD CIRCLE  
PENSACOLA FL 32504

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
SCHUCHMAN, NORMAN J.  
1741 MOONGLOW RD.  
CENTRALIA, IL 62801

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NORMAN J. SCHUCHMAN

2/28/05

860-380-0267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #