2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078413

Entity Name: SCHRADERS SMOKER SERVICE, INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Principal Place of Business:

7153 KING STREET 19925 S.E. HAWTHORNE ROAD KEYSTONE HEIGHTS, FL 326569166

BUILDING C

HAWTHORNE, FL 32640

Current Mailing Address: New Mailing Address:

19925 S.E. HAWTHORNE ROAD 7153 KING STREET KEYSTONE HEIGHTS, FL 326569166 **BUILDING C**

HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 59-3590867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHRADER, CHRISTOPHER J 7153 KING STREET KEYSTONE HEIGHTS, FL 326569166 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SCHRADER, CHRISTOPHER J SCHRADER, CHRISTOPHER J Name: Name: 7153 KING STREET 7153 KING STREET Address: Address:

City-St-Zip: KEYSTONE HEIGHTS, FL 326569166 City-St-Zip: KEYSTONE HEIGHTS, FL 326569166

Title: Title: DST (X) Change () Addition () Delete

Name: SCHRADER, MARTINA R Name: SCHRADER, MARTINA R 7153 KING STREET 7153 KING STREET Address: Address:

KEYSTONE HEIGHTS, FL 326569166 KEYSTONE HEIGHTS, FL 326569166 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. SCHRADER DP 04/10/2009