


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # S67330 1. Entity Name SCHAICH CONSTRUCTION, INC.	
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Principal Place of Business 25700 SW 194 AVE PRINCETON, FL 33031 US	Mailing Address 25700 SW 194 AVENUE PRINCETON, FL 33031 US
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01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0297836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MASS, JOHN P ESQUIRE LAW OFFICES OF HELLMAN & MAAS 44 NE 16 STREET HOMESTEAD, FL 33030
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SCHAICH, NEAL 25700 SW 194 AVE PRINCETON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AIKIN, CYNTHIA 25700 SW 194 AVE. PRINCETON, FL 33031
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000183180 01/19/05-80055-009 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Neal Schiach NEAL SCHAICH 1-14-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #