


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90114 046 ***150.00

DOCUMENT # V14698 1. Entity Name M.A. SCHENK & ASSOCIATES, INC.			
Principal Place of Business 111 SANTA CRUZ AVENUE ROYAL PALM BEACH, FL 33411		Mailing Address 111 SANTA CRUZ AVENUE ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business 2533 ROSLYN LANE Suite, Apt. #, etc.		3. Mailing Address 2533 ROSLYN LANE Suite, Apt. #, etc.	
City & State LAKE LAND FL Zip 33813 Country		City & State LAKE LAND FL Zip 33813 Country	
4. FEI Number 65-0311845		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 SCHENK, MICHAEL A. 111 SANTA CRUZ AVENUE ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2533 ROSLYN LANE City LAKE LAND FL Zip Code 33813	
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: <i>[Signature]</i> MICHAEL A. SCHENK 3/12/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</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	PS SCHENK, MICHAEL A. 111 SANTA CRUZ AVE ROYAL PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2533 ROSLYN LANE LAKE LAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHENK, SUSAN D. 111 SANTA CRUZ AVE ROYAL PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2533 ROSLYN LANE LAKE LAND, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> MICHAEL A. SCHENK 3/12/06 5617189729 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>			