

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # H15869
 1. Entity Name
SCHELLER'S FOREIGN CAR GARAGE, INC.



Principal Place of Business
C/O PAUL S. SCHELLER, SR.
1324 INDUSTRIAL BLVD
NAPLES, FL 34104

Mailing Address
C/O PAUL S. SCHELLER, SR.
1324 INDUSTRIAL BLVD
NAPLES, FL 34104



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2472123 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHELLER, ARMIN
1324 INDUSTRIAL BLVD
NAPLES, FL 34104

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHELLER, HAROLD 1324 INDUSTRIAL BLVD. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHELLER, THERESA 1324 INDUSTRIAL BLVD. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHELLER, ARMIN 1324 INDUSTRIAL BLVD. NAPLES, FL
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1100000563399
 05/20/06-80008-021 550.00

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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 *Armin Scheller* *Armin Scheller* 4/10/06 (259) 649 4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #