


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000104370
 1. Entity Name
 SCHILLINGER ENTERPRISES, INCORPORATED



Principal Place of Business Mailing Address
 360 SOUTH YONGE STREET 360 SOUTH YONGE STREET
 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 41-2110313 Not Applicable

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

6. Name and Address of Current Registered Agent
 SCHILLINGER, BONNIE
 4244 S PENINSULA DRIVE
 DAYTONA BEACH, FL 32127

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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)

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	PS
NAME	SCHILLINGER, BONNIE
STREET ADDRESS	4244 S PENINSULA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32127
TITLE	V
NAME	SCHILLINGER, DAVID
STREET ADDRESS	4244 S PENINSULA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bonnie Schillinger President Date: 1-30-06 Daytime Phone #: 386-677-7860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR