2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

04-18-2008 90051 006 ***150.00

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1. Entity Name

SCHELLHASE, KOEHLER AND O'SHAUGHNESSY, P.A.

Principal Place of Business

Drs. Schellhase, Koehler, & O'Shaughnessy
5435 Ortega Boulevard, Suite 2
Jacksonville, FL 32210

Mailing Address

Drs. Schellhase, Koehler, & O'Shaughnessy
5435 Ortega Boulevard, Suite 2
Jacksonville, FL 32210

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5435 Ortega Blvd	5435 Ortega Blvd
Suite, Apt. #, etc. Suite #2	Suite, Apt. #, etc. Suite #2
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32210 Country Duval	Zip 32210 Country Duval

4. FEI Number 26-0367509 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MCMENAMY, WILLIAM B
50 N. LAURA ST., SUITE 2925
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D SCHELLHASE, DANIEL J 5114 SAN JUAN AVE. JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOEHLER, KAREN E 5114 SAN JUAN AVE. JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

DANIEL J. SCHELLHASE

SIGNATURE: Daniel J. Schellhase 4-6-08 904-388-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #