


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # 422574
1. Entity Name
SCHEEL ENTERPRISES, INC.



Principal Place of Business: 114 S.E. 1ST STREET, #9, GAINESVILLE, FL 32601
Mailing Address: 114 S.E. 1ST STREET, #9, GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)
4. FEI Number: 59-1453881 Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHEEL, WILLIAM B
114 S.E. 1ST STREET, #9
GAINESVILLE, FL 32601

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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, 2005 Fee will be \$550.00**

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

000000230343
02/15/05-80039-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SCHEEL, WILLIAM
STREET ADDRESS	114 S.E. 1ST ST., #9
CITY-ST-ZIP	GAINESVILLE, FL 32601
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 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 or without like empowerment.

SIGNATURE:  2/14/05 (352) 373-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #