

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002093

Entity Name: SCHELLENGER, INC.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

385 NW SHEFFIELD CIRCLE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

385 NW SHEFFIELD CIRCLE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 54-1843202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHELLENGER, NORMAN D  
385 NW SHEFFIELD CIRCLE  
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

SCHELLENGER, NORMAN D SR.  
385 NW SHEFFIELD CIRCLE  
PORT SAINT LUCIE, FL 34983 US

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.

SIGNATURE: NORMAN D. SCHELLENGER

02/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: SCHELLENGER, NORMAN D  
Address: 385 NW SHEFFIELD CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VCST  
Name: SCHELLENGER, PATRICIA A  
Address: 385 NW SHEFFIELD CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN D. SCHELLENGER

PRES

02/28/2011

Electronic Signature of Signing Officer or Director

Date