

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005940

1. Entity Name
SCHELLE STUFF, INC.



Principal Place of Business
**47 KING STREET
ST AUGUSTINE, FL 32084**

Mailing Address
**47 KING STREET
ST AUGUSTINE, FL 32084**



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2853573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHELLE, NATHAN T
47 KING STREET
ST AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE _____

1100000568904
07/11/06-80003-022 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SCHELLE, DEBORAH J 47 KING STREET ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDC SCHELLE, NATHAN 47 KING STREET ST AUGUSTINE, FL 32084
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Nathan T. Schelle **NATHAN T. SCHELLE**

7/7/06

904-829-3231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #