

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 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**

DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number
23-2853573

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000919332
05/13/08-80116-017 150.00**

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08

Date

904 829 3231

Daytime Phone #