

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038876

FILED
Apr 30, 2005
Secretary of State

Entity Name: SCHALLER DESIGNERS, INC.

Current Principal Place of Business:

100 PINE NEEDLE CIR.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

513 BRETT CT
ORLANDO, FL 32828

Current Mailing Address:

110 N BEACH STREET
DAYTONA BEACH, FL 321143308

New Mailing Address:

513 BRETT CT
ORLANDO, FL 32828

FEI Number: 59-3647198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHALLER, JACOB
100 PINE NEEDLE CIRCLE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

SCHALLER, JACOB
513 BRETT CT
ORLANDO, FL 32828 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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHALLER, JACOB
Address: 100 PINE NEEDLE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHALLER, JACOB
Address: 513 BRETT CT
City-St-Zip: ORLANDO, FL 32828

Title: O () Change (X) Addition
Name: SCHALLER, GREGORY
Address: 513 BRETT CT
City-St-Zip: ORLANDO, FL 32828

Title: O () Change (X) Addition
Name: SCHALLER, KEVIN
Address: 513 BRETT CT
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SCHALLER JACOB

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date