

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000106905

1. Entity Name
SCHELL SUPPORT SERVICES, INC.



Principal Place of Business
107 SUNNNY BROOK CIR. SOUTH
ORMOND BCH, FL 32174

Mailing Address
PO BOX 730474
ORMOND BEACH, FL 32173



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3688966

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHELL, LINDA
107 SUNNNY BROOK CIR. SOUTH
ORMOND BCH, FL 32174

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000217687
02/07/05-80035-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHELL, LINDA M
STREET ADDRESS 107 SUNNY BROOK CIRCLE SOUTH
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE TSD
NAME HANSIS, JENNETTE S
STREET ADDRESS 662 OLD MISSION ROAD
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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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 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 all other like empowered.

SIGNATURE: Jennette S. Hansis Sec/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/05 386-527-4330
Date Daytime Phone #