

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 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**

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

**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**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**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**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

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03/11/06-80001-020 150.00

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

03/25/06  
Date

386-517-4330  
Daytime Phone #