

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104370

FILED  
Feb 19, 2007  
Secretary of State

Entity Name: SCHILLINGER ENTERPRISES, INCORPORATED

**Current Principal Place of Business:**

360 SOUTH YONGE STREET  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

360 SOUTH YONGE STREET  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 41-2110313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHILLINGER, BONNIE  
4244 S PENINSULA DRIVE  
DAYTONA BEACH, FL 32127 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: SCHILLINGER, BONNIE  
Address: 4244 S PENINSULA DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32127

Title: V ( ) Delete  
Name: SCHILLINGER, DAVID  
Address: 4244 S PENINSULA DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BONNIE SCHILLINGER

PS

02/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date