

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122463

Entity Name: VICTOR P SCHILLING INC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

11203 BLENDAL DR
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

11203 BLENDAL DR
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLING, VICTOR P
11203 BLENDAL DR
RIVERVIEW, FL 33569 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: D () Delete
Name: SCHILLING, VICTOR P
Address: 11203 BLENDAL DR
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: SCHILLING, BONNIE
Address: 11203 BLENDAL DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: MELLOW, STEVEN
Address: 3809 SUNNYBANK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: OFF () Delete
Name: SOOS, ANTHONY J
Address: 218 RED MAPLE PLACE
City-St-Zip: BRANDON, FL 33510

Title: OFF () Delete
Name: WIGGINS, TED
Address: 5910 SIMPSON ROAD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: PALACIOS, ELOY
Address: 13515 SAN JUAN DIEGO WAY
City-St-Zip: DOVER, FL 33527

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

Title: OFF (X) Change () Addition
Name: BERNAL, HAIME THOXCLE
Address: 420 ST CLOUD RD
City-St-Zip: VALRICO, FL 33594

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: VICTOR SCHILLING

D

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date