

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90020 007 ***150.00

DOCUMENT # P05000057536					
1. Entity Name SCHALL ENTERPRISES, INC.					
Principal Place of Business 1596 SW HARBOR ISLES CIRCLE PORT ST LUCIE FL 34986 D.B.A. THE LANDING			Mailing Address 1596 SW HARBOR ISLES CIRCLE PORT ST LUCIE FL 34986		
2. Principal Place of Business 9815 SOUTH OCEAN DR. Suite, Apt. #, etc. BLDG. 6		3. Mailing Address Suite, Apt. #, etc.			
City & State JENSEN BEACH FL.		City & State		4. FEI Number Y 76-0790071	
Zip 34957 Country USA		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHALL, COLLEEN A 1596 SW HARBOR ISLES CIRCLE PORT ST LUCIE FL 34986			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD <input type="checkbox"/> Delete NAME SCHALL, COLLEEN A STREET ADDRESS 1596 SW HARBOR ISLES CIRCLE CITY-ST-ZIP PORT ST LUCIE FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD <input type="checkbox"/> Delete NAME SCHALL, MICHAEL B STREET ADDRESS 1596 SW HARBOR ISLES CIRCLE CITY-ST-ZIP PORT ST LUCIE FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Colleen Schall</u> COLLEEN SCHALL				2-7-06 772-229-0246	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	