

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000057536

1. Entity Name

SCHALL ENTERPRISES, INC.



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

02-21-2006 90020 007 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business 1596 SW HARBOR ISLES CIRCLE PORT ST LUCIE FL 34986		Mailing Address 1596 SW HARBOR ISLES CIRCLE PORT ST LUCIE FL 34986	
D.B.A. THE LANDING			
2. Principal Place of Business 9815 SOUTH OCEAN DR.		3. Mailing Address	
Suite, Apt. #, etc. BLDG. 6		Suite, Apt. #, etc.	
City & State JENSEN BEACH FL.		City & State	
Zip 34957	Country USA	Zip	Country
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 _____ Zip Code FL _____	

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
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHALL, COLLEEN A 1596 SW HARBOR ISLES CIRCLE PORT ST LUCIE FL 34986	<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	VD SCHALL, MICHAEL B 1596 SW HARBOR ISLES CIRCLE PORT ST LUCIE FL 34986	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *Colleen Schall* COLLEEN SCHALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06 772-229-0246

Date

Daytime Phone #