


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90022 015 \*\*\*150.00

<b>DOCUMENT # P05000057536</b>	
1. Entity Name <b>SCHALL ENTERPRISES, INC.</b>	

Principal Place of Business <b>9815 S OCEAN DR BLDG 6 PORT ST LUCIE, FL 34986</b>	Mailing Address <b>1596 SW HARBOR ISLES CIRCLE PORT ST LUCIE, FL 34986</b>
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2. Principal Place of Business - No P.O. Box # <b>9815 S. OCEAN DR.</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. <b>BLDG. 6</b>	Suite, Apt. #, etc.

City & State <b>JENSEN BEACH, FL.</b>	City & State
Zip <b>34957</b>	Country <b>USA</b>



01042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>SCHALL, COLLEEN A 1596 SW HARBOR ISLES CIRCLE PORT ST LUCIE, FL 34986</b>	
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4. FEI Number <b>76-0790071</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>	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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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
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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:** MICHAEL B. SCHALL Michael B. Schall 2-9-08 (586) 773-0472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #