2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000141681

1. Entity Name
SCOTT SCHELL PA

Principal Place of Business
4809 MOUND AVE #202
TAMPA, FL 33611 US

Mailing Address
4809 MOUND AVE #202
TAMPA, FL 33611 US

DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0755026

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHELL, SCOTT
4809 MOUND AVE
#202
TAMPA, FL 33611

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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 Scott M. Schell — 4/1/06
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

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	SCHELL, SCOTT
STREET ADDRESS	4809 MOUND AVE #202
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VP
NAME	SCHELL, SCOTT
STREET ADDRESS	4809 MOUND AVE #202
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	SEC
NAME	SCHELL, SCOTT
STREET ADDRESS	4809 MOUND AVE #202
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	TREA
NAME	SCHELL, SCOTT
STREET ADDRESS	4809 MOUND AVE #202
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Scott M Schell PRES — 4/1/06 — (813)334-2258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #