2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150905

Title:

Name:

Address:

City-St-Zip:

Entity Name: SCHALLER INDUSTRIES, INC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	RNMENT AV , FL 32578	ENUE US			
Current Mailing Address:			New Mailing Address:		
214 GOVERNMENT AVENUE NICEVILLE, FL 32578 US			101 DANA POINTE NICEVILLE, FL 32578	US	
FEI Number:	20-4002821	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
214 GOVEI	R, RICHARD RNMENT AV , FL 32578	ENUE US			
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Age			t Date		
Election Carr	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P-D (SCHALLER, R 101 DANA PO NICEVILLE, F	INTE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP-D (SCHALLER, D 101DANA POI NICEVILLE, F	NTE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	S-D (SCHALLER, G 101 DANA PO		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD SCHALLER P 04/30/2009

() Delete

SCHALLER, NICOLE L

NICEVILLE, FL 32578 US

101 DANA POINTE

() Change () Addition