


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21178</b>		
1. Entity Name <b>SCHILLER STORES, INC.</b>		
Principal Place of Business <b>114 BOB GIFFORD BLVD EARLY BRANCH, SC 29916 US</b>	Mailing Address <b>114 BOB GIFFORD BLVD. EARLY BRANCH, SC 29916 US</b>	



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>57-0761030</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES GOODING, FAYE DIR 114 BOB GIFFORD BLVD EARLY BRANCH, SC 29916</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASEC BELGER, ANDREW 114 BOB GIFFORD BLVD EARLY BRANCH, SC 29916</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CONROY, MOLLY 114 BOB GIFFORD BLVD EARLY BRANCH, SC 29916</b>
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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:** Andrew J. Belger Jr. **ANDREW S. BELGER, JR.** 1/23/07 893-943-4308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #