



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000045132 1. Entity Name JEFFREY S. SCHELLING, P.A.	
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Principal Place of Business 2240 TRADE CENTER WAY NAPLES, FL 34104	Mailing Address 2240 TRADE CENTER WAY STE 108 NAPLES, FL 34104 US
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DO NOT WRITE IN THIS SPACE



09132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0585841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHELLING, JEFFREY S
2240 TRADE CENTER WAY
NAPLES, FL 34104

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE 09/14/07-80002-023 150.00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

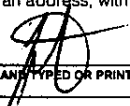
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHELLING, JEFF 2240 TRADE COUTER WAY NAPLES, FL 34104
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IN THIS SPACE**

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:  09/13/07 239-591-8508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #