APR. 27. 2005 8:53AM HARPER VAN SCOIK

[illegible] CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90076 022 ***150.00

DOCUMENT # P98000022360

1. Entity Name
GENE SCHILL CONSULTING & MARKETING, INC.

Principal Place of Business	Mailing Address
516 N FT HARRISON AVE CLEARWATER, FL 33755	516 N FT HARRISON AVE CLEARWATER, FL 33755

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
13577 Feather Sound Dr.		13577 Feather Sound Dr.	
Suite, Apt. #, etc.: Suite 550		Suite, Apt. #, etc.: Suite 550	
City & State: Clearwater, FL		City & State: Clearwater, FL	
Zip: 33762	Country: USA	Zip: 33762	Country: USA

4. FEI Number: 59-3501834 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASKIN, HAMDEN H II
516 N FT HARRISON AVE
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name: Hamden H. Baskin, III
Street Address (P.O. Box Number is Not Acceptable): 13577 Feather Sound Dr.
Suite 550
City: Clearwater, FL FL Zip Code: 33762

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] Gene Schill Consulting, Marketing Inc. 4/28/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILL, GENE 1581 GULF BLVD #103 CLEARWATER, FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Gene Schill Owner 4/28/05 352 812-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #