

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90097 024 ***150.00

DOCUMENT # P98000022360

1. Entity Name

GENE SCHILL CONSULTING & MARKETING, INC.



Principal Place of Business

~~13577 FEATHER SOUND DR~~
~~STE 550~~
~~CLEARWATER FL 33762~~

Mailing Address

~~13577 FEATHER SOUND DR~~
~~STE 550~~
~~CLEARWATER FL 33762~~



2. Principal Place of Business

12870 West Hwy. 40
Suite, Apt. #, etc.
P.O. Box 770803

3. Mailing Address

P.O. Box 770803
Suite, Apt. #, etc.
12870 West Hwy 40

1st MOORE

CR2E034 (10/05)

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3501834

Applied For

Not Applicable

Zip

34477

Country

USA

Zip

34477

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASKIN, HAMDEN H II
13577 FEATHER SOUND DR
STE 550
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name Gene Schill
Street Address (P.O. Box Number is Not Acceptable)
12870 West Hwy. 40
City Ocala, FL Zip Code 34481

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

Gene Schill
Signature, typed or printed name of registered agent and title if applicable.

Gene Schill

(NOTE: Registered Agent signature required when reinstating)

2/15/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILL, GENE	
STREET ADDRESS	1501 GULF BLVD #103 P.O. Box 770803	
CITY-ST-ZIP	CLEARWATER FL 33762 Ocala, FL 34477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gene Schill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06 352-812-6606

Date

Daytime Phone #