


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90003 018 \*\*\*550.00

|   |   |
|---|---|
| <b>DOCUMENT # P98000022360</b>  |  |
| 1. Entity Name<br><b>GENE SCHILL CONSULTING &amp; MARKETING, INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>12870 WEST HWY 40<br/>P.O. BOX 770803<br/>OCALA FL 34481</b> | Mailing Address<br><b>P O BOX 770803<br/>OCALA FL 34477</b> |
|--|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>2500 SW 125th Ave</b> | 3. Mailing Address<br><b>P.O. Box 770803</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                          |

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br><b>Ocala FL</b> | City & State<br><b>Ocala FL</b> |
| Zip<br><b>34481</b>             | Country<br><b>USA</b>           |
| Country<br><b>USA</b>           | Zip<br><b>34477</b>             |
| Country<br><b>USA</b>           | Country<br><b>Marion</b>        |



2nd MOORE CR2E034 (4/08)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3501834</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SCHILL, GENE<br/><del>12870 WEST HWY 40</del> 2500 SW 125th Ave<br/>OCALA FL 34481</b> |  |
|--|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name <b>Gene Schill</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2500 SW 125th Ave</b><br>City <b>Ocala</b> <b>FL</b> Zip Code <b>34481</b> |  |
|---|--|

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 **Gene Schill** DATE **5/23/08**

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

|  |   |  |
|--|---|--|
| <b>FILE NOW!! FEE IS \$550.00<br/>DUE BY September 3, 2008<br/>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SCHILL, GENE<br/>P.O. BOX 770803<br/>OCALA FL 34477</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Gene Schill **5/23/08** **352-812-6606**

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