


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90044 020 ***150.00

DOCUMENT # P98000041802	
1. Entity Name DONNA M. SCHELLER INC.	

Principal Place of Business 5353 LYONS RD. COCONUT CREEK FL 33073	Mailing Address 5353 LYONS RD. COCONUT CREEK FL 33073
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent FINKEL, BARRY I 2400 E. COMMERCIAL BLVD., SUITE 820 FT. LAUDERDALE FL 33308	7. Name and Address of New Registered Agent Name: <u>Donna m. Scheller</u> Street Address (P.O. Box Number is Not Acceptable): <u>4780 NW 95 Drive</u> City: <u>Coral Springs</u> FL Zip Code: <u>33076</u>
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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: <u>Donna M. Scheller, Donna M. Scheller, Pres.</u>	DATE: <u>1-27-05</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHELLER, DONNA M 5353 LYONS RD. COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>Donna M. Scheller, Donna M. Scheller, Pres.</u>	Date: <u>1-27-05</u>	Daytime Phone #: <u>954-821-4720</u>
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