

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000002339

**Entity Name:** LENORE SCHILLER, P.A.

**Current Principal Place of Business:**

3546 BLACK JACK CT  
LAKE WALES, FL 33898

**Current Mailing Address:**

PO BOX 1200  
LAKE WALES, FL 33859

**FEI Number:** 65-0637897

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHILLER, LENORE  
3546 BLACK JACK CT  
LAKE WALES, FL 33898 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name SCHILLER, LENORE  
Address PO BOX 1200  
City-State-Zip: LAKE WALES FL 33859

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LENORE SCHILLER

**PRESIDENT**

**02/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date