

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002089

**Entity Name:** SCHELL & KAMPETER, INC.**Current Principal Place of Business:**4TH & OLIVE ST.  
META, MO 65058**Current Mailing Address:**4TH & OLIVE ST.  
META, MO 65058**FEI Number:** 43-0951994**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHELL, GARY  
8591 MAGNOLIA BAY LANE  
DESTIN, FL 32550 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	C
Name	SCHELL, GARY
Address	8591 MAGNOLIA BAY LANE
City-State-Zip:	DESTIN FL 32550

Title	VC
Name	SCHELL, MARK
Address	4TH & OLIVE ST.
City-State-Zip:	META MO 65058

Title	PD
Name	KAMPETER, MICHAEL
Address	4TH & OLIVE ST.
City-State-Zip:	META MO 65058

Title	D
Name	KAMPETER, THOMAS
Address	4TH & OLIVE ST.
City-State-Zip:	META MO 65058

Title	ST
Name	WEGMAN, KEN
Address	4TH & OLIVE ST.
City-State-Zip:	META MO 65058

*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:** KEN WEGMAN**SECRETARY/TREASURER** 01/13/2017\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date