

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029618

FILED
Mar 24, 2009
Secretary of State

Entity Name: PASQUINE-SHELLENBERG ENTERPRISES, INC.

Current Principal Place of Business:

333 W. GRANADA BLVD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

333 W. GRANADA BLVD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3371155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, B. PAUL
1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PASQUINE, NICHOLAS C
Address: 9 LAKE VISTA WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST () Delete
Name: PASQUINE, HARRIET A
Address: 9 LAKE VISTA WAY
City-St-Zip: ORMOND WAY, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: PASQUINE, HARRIET A
Address: 9 LAKE VISTA WAY
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARRIET A. PASQUINE

ST

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date