


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000005221</b> 1. Entity Name <b>THE STOCKER CONSTRUCTION COMPANY</b>	
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Principal Place of Business <b>1099 MILWAUKEE ST STE 210 KIRKWOOD, MO 63122</b>	Mailing Address <b>1099 MILWAUKEE ST STE 210 KIRKWOOD, MO 63122</b>
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**DO NOT WRITE IN THIS SPACE**



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>43-0626443</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BECK, STEVEN D 169 PARSONS WEBSTER GROVE, MO 63119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC BECK, JENNIFER L 169 PARSONS WEBSTER GROVE, MO 63119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUHADWAY, ROBERT L 741 ARBOR RIDGE COURT BALLWIN, MO 63021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TAYLOR, JAMES G 2611 BRIAR VALLEY CT DE PERES, MO 63122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/20/07-80003-021 150.00

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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: James G Taylor **JAMES G TAYLOR** 7-16-07 314-781-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #