


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005979


1. Entity Name
STIMMEL ASSOCIATES, P.A.



Principal Place of Business Mailing Address

601 N. TRADE STREET, SUITE 200 **601 N. TRADE STREET, SUITE 200**
WINTSTON-SALEM, NC 27101-2916 **WINTSTON-SALEM, NC 27101-2916**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1616978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP STIMMEL, DOUGLAS W 601 N. TRADE STREET, SUITE 200 WINSTON SALEM, NC 271012916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST TUCKER, J. NEAL 601 N. TRADE STREET, SUITE 200 WINSTON SALEM, NC 271012916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STIMMEL, HAROLD 601 N. TRADE STREET, SUITE 200 WINSTON SALEM, NC 271012916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JENNINGS, TIMOTHY J 601 N. TRADE STREET, SUITE 200 WINSTON SALEM, NC 271012916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BROWN, JOYCE 601 N. TRADE STREET, SUITE 200 WINSTON SALEM, NC 271012916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CHRISTMAS, WILBER E 601 N. TRADE STREET, SUITE 200 WINSTON SALEM, NC 271012916

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01/09/07-80010-014-150-00

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: *Douglas W. Stimmel* **PRESIDENT** 1/4/07 336-723-1067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #