


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90580 010 ****61.25

DOCUMENT # N02000003285

1. Entity Name
STAND, INC.



Principal Place of Business
**2312 CHERRY RIDGE LANE
 BRANDON, FL 33511**

Mailing Address
**2312 CHERRY RIDGE LANE
 BRANDON, FL 33511**

20037094



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04102005 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
68-0501228

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, TERENCE N II
 174 SANTA BARBARA WAY
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ETHERIDGE, ALBERTO	
STREET ADDRESS	PO BOX 12791	
CITY-ST-ZIP	GAINESVILLE, FL 32604	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOUCHSTON, BOB	
STREET ADDRESS	1298 CIMARRON CIRCL NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, MIKE	
STREET ADDRESS	2511 E. COLONIAL DRIVE, #166	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMPLE, TERRY	
STREET ADDRESS	2312 CHERRY RIDGE LANE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	Shirley Kemple	
STREET ADDRESS	2312 Cherry Ridge Ln	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	Diana Touchston	
STREET ADDRESS	1298 Cimarron Circle NE	
CITY-ST-ZIP	Palm Bay, FL 32905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Terrence L Kemple* **4/10/05** **8136534822**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #