

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059581

Entity Name: STOVER SALES, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

3001 FAYE ROAD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

3001 FAYE ROAD
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 90-0089257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOVER, THOMAS P
320 BAISDEN ROAD
JACKSONVILLE, FL 32218 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: PD () Delete
Name: STOVER, T.P.
Address: 320 BAISDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: V () Delete
Name: STOVER, LINDA
Address: 320 BAISDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST () Delete
Name: KNIGHT, RUTH
Address: 952 WREN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: STOVER, LINDA
Address: 320 BAISDEN RD
City-St-Zip: JACKSONVILLE, FL 32218

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: THOMAS P STOVER

PD

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date