2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P35560

1. Entity Name
STC FRANCHISES COMPANY

Principal Place of Business	Mailing Address
7589 FIRST PL OAKWOOD VILLAGE, OH 44146-6711	7589 FIRST PL OAKWOOD VILLAGE, OH 44146-6711

DO NOT WRITE IN THIS SPACE

03102006 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1584028
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELER, PAUL E
14240 60TH ST N
CLEARWATER, FL 33760

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

100001948647
04/08/06-80013-011 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SUTTON, ALAN J.
STREET ADDRESS	7589 FIRST PL
CITY-ST-ZIP	OAKWOOD VILLAGE, OH 441466711
TITLE	D
NAME	SUTTON, ALAN J.
STREET ADDRESS	7589 FIRST PL
CITY-ST-ZIP	OAKWOOD VILLAGE, OH 441466711
TITLE	AS
NAME	SUTTON, SUSAN J
STREET ADDRESS	7589 FIRST PL
CITY-ST-ZIP	OAKWOOD VILLAGE, OH 441466711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Alan J Sutton ALAN J SUTTON PRES 3.17.06 440-735-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #