

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 234370**

1. Entity Name  
**STANTON CHURCH FURNITURE COMPANY**



Principal Place of Business  
**73 STANTON DRIVE HWY 77 NORTH  
CHIPLEY, FL 32428 US**

Mailing Address  
**73 STANTON DRIVE HWY 77 NORTH  
CHIPLEY, FL 32428 US**

**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-0933170**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STANTON, SAM B.  
73 STANTON DRIVE HWY 77 NORTH  
CHIPLEY, FL 32428**

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	STANTON, SAM B.
STREET ADDRESS	73 STANTON DR HWY 77 N
CITY-ST-ZIP	CHIPLEY, FL
TITLE	V
NAME	STANTON, KENNETH
STREET ADDRESS	73 STANTON DR HWY 77 NORTH
CITY-ST-ZIP	CHIPLEY, FL
TITLE	ST
NAME	STANTON, DOROTHY A.
STREET ADDRESS	73 STANTON DRIVE HWY 77 NORTH
CITY-ST-ZIP	CHIPLEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/05-80086-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Sam B. Stanton Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-22-05

Date

Daytime Phone #

1-850-638 0158