

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90047 034 ***158.75

DOCUMENT # 299891

1. Entity Name
STELLAR PARTNERS, INC.



Principal Place of Business
**5402 BEAUMONT CENTER VBLVD SUITE 108
TAMPA, FL 33634 US**

Mailing Address
**5402 BEAUMONT CENTER VBLVD SUITE 108
TAMPA, FL 33634 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1151071

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
SUITE 105
TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **STACKHOUSE, SUSAN H**
STREET ADDRESS **5402 BEAUMONT CENTER BLVD. # 108**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ST ☐ Delete
NAME **CICCARELLO, SPRING M**
STREET ADDRESS **5402 BEAUMONT CENTER BLVD. # 108**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Chief Executive Officer** ☒ Change ☐ Addition
NAME **Stackhouse, Susan H.**
STREET ADDRESS **5402 Beaumont Center Blvd. #108**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice - President**
NAME **Suhs, Christine M.**
STREET ADDRESS **5402 Beaumont Center Blvd. #108**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Change ☒ Addition
NAME **President**
NAME **Bosquez, Ramon**
STREET ADDRESS **5402 Beaumont Center Blvd. #108**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Spring M. Ciccarello

Spring M. Ciccarello

1/30/2008

(813)396-3639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #