2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334324

Entity Name: STINSON ENTERPRISES, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2188 E SEMORAN BLVD APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

2188 E SEMORAN BLVD APOPKA, FL 32703

FEI Number: 59-1236362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STINSON, A. M. JR

5204 HEDGE COURT
ORLANDO, FL US

STINSON, ALTON M III

2436 MIKLER RD
OVIEDO, FL 32765 US

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: A.M. STINSON, III 04/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: D (X) Change () Addition Name: STINSON, PATRICIA K Name: STINSON, PATRICIA K

 Address:
 5204 HEDGE COURT
 Address:
 5204 HEDGE COURT

 City-St-Zip:
 ORLANDO, FL
 00000,
 City-St-Zip:
 ORLANDO,, FL
 32806

Title: COB () Delete Title: COB (X) Change () Addition Name: STINSON, ALTON M, JR Name: STINSON, ALTON M, JR

Name:STINSON, ALTON M, JRName:STINSON, ALTON M, JRAddress:52041 HEDGE COURTAddress:5204 HEDGE COURTCity-St-Zip:ORLANDO, FL00000,City-St-Zip:ORLANDO, FL32806

Title: D () Delete Title: SD (X) Change () Addition

 Name:
 KINSLEY, JERRY
 Name:
 STINSON, AUDREY

 Address:
 517 HARBOUR ISLAND DR
 Address:
 2436 MIKLER RD

 City-St-Zip:
 ORLANDO, FL
 00000,
 City-St-Zip:
 OVIEDO, FL
 32765

Title: P () Delete Title: P (X) Change () Addition

 Name:
 A.M. STINSON 111
 Name:
 A.M. STINSON III

 Address:
 2436 MIKLER
 Address:
 2436 MIKLER

 City-St-Zip:
 ORLANDO, FL
 City-St-Zip:
 OVIEDO, FL 32765

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: AUDREY STINSON SD 04/20/2009