2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 366165 1. Entity Name T.J. STIDHAM, INC.



FILED Jan 10, 2006 08:00 AM Secretary of State

Principal Place of Business

2701 AIRPORT RD. PLANT CITY, FL 33563 Mailing Address 2701 AIRPORT RD. PLANT CITY, FL 33563



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1350406 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STIDHAM, T J 3519 WILDER RD. PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | urpose of changing its reg | istered office or re | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept | | |
|---|--|---|----------------------|---|---|--|--|
| SIGNATURE | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign 1 Trust Fund Contribu | | \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STIDHAM,T J 3519 WILDER RD. PLANT CITY, FL 33565 | | | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | S STIDHAM,J D 1353 CROSBY LANE ORANGE PARK, FL | | | 01/11/06-80028-015 150,00 DO NOT WRITE IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STIDHAM, MELISSA L. 3519 WILDER ROAD PLANT CITY, FL 33565 | | | | | | |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE 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: (

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

813-752-4675

Daylime Phone #