2007 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT 01-25-2007 90050 008 ***150.00 **DOCUMENT #378966** STINSON AND PARTNERS, INC. Principal Place of Business Mailing Address 50 A-1-A NORTH 50 A-1-A NORTH 40005469 STE 104 STE 104 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BCH, FL 32082 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address. Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 59-1318899 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STINSON, PATRICK E 18 HOPSON RD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH, FL 32250 Zip Code City FL 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 DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. STD TITLE TITLE ☐ Change Addition Delete STINSON, LINDA K NAME NAME STREET ADDRESS 18 HOPSON RD. STREET ADDRESS JACKSONVILLE BEACH, FL CITY-ST-ZIP CITY - ST-ZIP Delete TITLE TITLE ☐ Change Addition STINSON, E PATRICK NAME NAME 18 HOPSON RD. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP JACKSONVILLE BEACH, FL CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY - ST-ZIP

SIGNATURE: Linda K. Stinson Sunda K Stusson Signature and typed on printed name of Signing Officer of Diffector

1-23-07

904/280-4622

FILED Jan 25, 2007 8:00 am

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