


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 556126 1. Entity Name STOTTLER STAGG & ASSOCIATES, INC.	
---	---

Principal Place of Business 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920 US	Mailing Address 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920 US
---	---



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3016364	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STOTTLER, RICHARD H. JR. 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEEVERS, JUDITH C. 8680 N ATLANTIC AVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STOTTLER, RICHARD H. JR. 8680 N ATLANTIC AVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEKAR, JOHN A 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAMPANINI, BINO 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000697671
04/18/07-80049-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBINO CAMPANINI

4/15/07

Date

321-783-1320

Daytime Phone #