


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90018 006 \*\*\*150.00

<b>DOCUMENT # F06000001410</b>	
1. Entity Name <b>L J STANLEY &amp; ASSOCIATES INCORPORATED</b>	

Principal Place of Business <b>2877 CHAD DR. EUGENE OR 97408</b>	Mailing Address <b>2877 CHAD DR. EUGENE OR 97408</b>
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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

1st MOORE CR2E034 (10/06)

4. FEI Number <b>93-0957505</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>HIGHTOWER, ROBERT S. 241 E. VIRGINIA ST. TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name <b>Robert S. Hightower</b> Street Address (P.O. Box Number is Not Acceptable) <b>128 Salem Court</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>

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 *Robert S. Hightower* DATE 3/1/2007

Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when retreating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>STANLEY, SHAWN</b> <b>1358 PARNELL DR.</b> <b>EUGENE OR 97404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>STANLEY, JASON</b> <b>3359 WILLMINGTON CT.</b> <b>EUGENE OR 97408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>STANLEY, LARRY</b> <b>2762 MARTINIQUE</b> <b>EUGENE OR 97408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>STANLEY, TRACE</b> <b>2241 LAKEVIEW DR.</b> <b>EUGENE OR 97408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>STANLEY, JOEL</b> <b>1609 DOUGLAS AVE.</b> <b>COLLEYVILLE TX 76034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>SPRAGUE, JOHN</b> <b>37850 WHEELER RD.</b> <b>DEXTER OR 97431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *John Sprague* **John Sprague CFO** 2/27/07 541-242-2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Custom Phone #