

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001410

FILED
Jul 22, 2009
Secretary of State

Entity Name: L J STANLEY & ASSOCIATES INCORPORATED

Current Principal Place of Business:

2877 CHAD DR.
EUGENE, OR 97408

New Principal Place of Business:

Current Mailing Address:

2877 CHAD DR.
EUGENE, OR 97408

New Mailing Address:

FEI Number: 93-0957505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHTOWER, ROBERT S.
128 SALEM CT
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STANLEY, SHAWN
Address: 1358 PARNELL DR.
City-St-Zip: EUGENE, OR 97404

Title: D () Delete
Name: STANLEY, JASON
Address: 3359 WILLMINGTON CT.
City-St-Zip: EUGENE, OR 97408

Title: P () Delete
Name: STANLEY, LARRY
Address: 2762 MARTINIQUE
City-St-Zip: EUGENE, OR 97408

Title: V () Delete
Name: STANLEY, TRACE
Address: 2241 LAKEVIEW DR.
City-St-Zip: EUGENE, OR 97408

Title: S () Delete
Name: STANLEY, JOEL
Address: 1609 DOUGLAS AVE.
City-St-Zip: COLLEYVILLE, TX 76034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHAWN STANLEY

V

07/22/2009

Electronic Signature of Signing Officer or Director

Date