

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F07000003579

1. Entity Name  
VICTOR STANLEY, INCORPORATED



**FILED  
Mar 14, 2008 8:00 am  
Secretary of State**

03-14-2008 90040 034 \*\*\*150.00

Principal Place of Business  
2103 BRICKHOUSE ROAD  
DUNKIRK, MD 20754

Mailing Address

P.O. DRAWER 330  
DUNKIRK, MD 20754

2. Principal Place of Business - No P.O. Box #  
Same

3. Mailing Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03072008 Chg-P CR2E034 (12/06)

Zip

Country

Zip

Country

4. FEI Number  
52-0796078

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

(NOTE: Registered Agent signature required when renaming)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

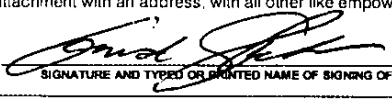
9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRM SKALKA, STAN 1315 ST. JOSEPH COURT CROWNSVILLE, MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stan Skalka 2103 Brickhouse Road Dunkirk, MD 20754	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKALKA, STAN 9904 AVENEL FARM DRIVE POTOMAC, MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Gerald Skalka 2103 Brickhouse Road Dunkirk, MD 20754	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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:**  Gerald Skalka, Vice President 03/07/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #