## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000004577

Entity Name: STIS BOILER, INC.

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	Y 96 SOUTH				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 14 BUNA, TX					
FEI Number:	26-0606876	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD			
The above in the State		submits this statement for the pu	irpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP () SPENCE, PAUL PO BOX 1449 BUNA, TX 776		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VCVP () PURKEY, RICH PO BOX 1449 BUNA, TX 776		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () PURKEY, RICH PO BOX 1449 BUNA, TX 776		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () PURKEY, FRED PO BOX 1449 BUNA, TX 776	ANA	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DT () SPENCE, STAC PO BOX 1449 BUNA, TX 776	Н	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JEARALD EDWARD BROWN CONT 03/19/2008