2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F21647

1. Entity Name
STEARNS HOUSE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 411 SILVER SPRINGS, FL 34488 US	P.O. BOX 411 SILVER SPRINGS, FL 32688 US

DO NOT WRITE IN THIS SPACE

07042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2077129	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEARNS, CLIFFORD
2215 SE ASHLEY COURT
OCALA, FL 34471

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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 reinstating)

DATE 7/10/07

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEARNS, CLIFFORD B
STREET ADDRESS	2215 SE ASHLEY COURT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	SD
NAME	STEARNS, JOAN M.
STREET ADDRESS	2215 SE ASHLEY COURT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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   Date   Daytime Phone #