

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F43090

Entity Name: JOHN P. STANTON, CPA, P.A.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

6 SABAL CT.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

6 SABAL CT.
STUART, FL 34996

New Mailing Address:

FEI Number: 59-1874783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANTON, JOHN P
6 SABAL CT
STUART, FL 34996 US

Name and Address of New Registered Agent:

STANTON, JOHN P
6 SABAL CT
STUART, FL 34996 US

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: JOHN P. STANTON

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STANTON, JOHN P,
Address: 6 SABAL CT.
City-St-Zip: STUART, FL 34996

Title: ST () Delete
Name: STANTON, KIM B,
Address: 6 SABAL CT.
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STANTON, JOHN P
Address: 6 SABAL CT.
City-St-Zip: STUART, FL 34996

Title: ST (X) Change () Addition
Name: STANTON, KIM
Address: 6 SABAL CT.
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN P. STANTON

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date