2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # F99000001563

1. Entity Name
STULLER SERVICE CENTERS, INC.

Principal Place of Business	Mailing Address
1 NE 1ST STREET, STE 222 MIAMI, FL 33132	P. O. BOX 81889 LAFAYETTE, LA 70598

DO NOT WRITE IN THIS SPACE

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number
72-1342497

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOCHMAN, WILLIAM
1 N.E. 1ST STREET
SUITE 222
MIAMI, FL 33132

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	STULLER, MATTHEW
STREET ADDRESS	302 RUE LOUIS XIV
CITY-ST-ZIP	LAFAYETTE, LA 70508
TITLE	COOD
NAME	LEIN, CHARLES D
STREET ADDRESS	302 RUE LOUIS XIV
CITY-ST-ZIP	LAFAYETTE, LA 70508
TITLE	PS
NAME	LEIN, CHARLES D
STREET ADDRESS	302 RUE LOUIS XIV
CITY-ST-ZIP	LAFAYETTE, LA 70508
TITLE	T
NAME	STULLER, MATTHEW G
STREET ADDRESS	302 RUE LOUIS XIV
CITY-ST-ZIP	LAFAYETTE, LA 70508
TITLE	
NAME	
STREET ADDRESS	
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: Jason Patten 4/24/07 337 262 7700 Ext 4932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #