

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # G91092

1. Entity Name

STUBBLEFIELD CORPORATION



Principal Place of Business

**5179 SW 71 PLACE
MIAMI FL 33155
US**

Mailing Address

**P.O. BOX 557242
MIAMI FL 33255
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2457719

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STUBBLEFIELD, D. AUSTIN
5179 S.W. 71ST PLACE
MIAMI FL 33155**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	DP	<input type="checkbox"/> Delete
NAME	STUBBLEFIELD, D. AUSTIN	
STREET ADDRESS	5179 SW 71ST PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUBBLEFIELD, HARRIET H.	
STREET ADDRESS	5179 SW 71ST PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

**U00000417046
02/13/06-80040-021 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: D. Austin Stubblefield D. AUSTIN STUBBLEFIELD

1-30-06 305-661-4027