



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90235 024 \*\*\*150.00

<b>DOCUMENT # H23044</b> 1. Entity Name <b>STINSON AND COMPANY INC.</b>					
Principal Place of Business <b>134 ANNONA AVE.</b> <b>PAHOKEE, FL 33476 US</b>			Mailing Address <b>134 ANNONA AVE.</b> <b>PAHOKEE, FL 33476 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>134 ANNONA AVE.</b> Suite, Apt. #, etc. <b>HOME</b>		 03272007    Chg-P    CR2E034 (12/06)	
City & State Zip                      Country		City & State <b>PAHOKEE, FLA.</b> Zip                      Country <b>33476    PALM BEACH</b>			
4. FEI Number <b>59-2661737</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>STINSON, EDWIN B</b> <b>134 ANNONA AVE.</b> <b>PAHOKEE, FL 33476</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>EDWIN B. STINSON</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input type="checkbox"/> Delete	TITLE	STINSON, EDWIN B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	134 ANNONA AVE.				
STREET ADDRESS	PAHOKEE, FL 33476				
CITY - ST - ZIP					
TITLE	PM	<input type="checkbox"/> Delete	TITLE	AKINS, JIMMY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2230 NW 87TH ST.				
STREET ADDRESS	MIAMI, FL 33147				
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: <b>Edwin B. Stinson</b> 4/30/06 (561) 924-5292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					