

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90007 008 \*\*\*150.00

**DOCUMENT # H23044**

1. Entity Name  
**STINSON AND COMPANY INC.**



Principal Place of Business  
**134 ANNONA AVE.  
PAHOKEE, FL 33476 US**

Mailing Address  
**134 ANNONA AVE.  
PAHOKEE, FL 33476 US**

4010743



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2661737

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STINSON, EDWIN B  
134 ANNONA AVE.  
PAHOKEE, FL 33476**

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  
Due by September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☐ Delete  
NAME: **STINSON, EDWIN B**  
STREET ADDRESS: **134 ANNONA AVE.**  
CITY-ST-ZIP: **PAHOKEE, FL 33476**

TITLE: **OWNER** ☒ Change ☐ Addition  
NAME: **STINSON, EDWIN B**  
STREET ADDRESS: **134 ANNONA AVE**  
CITY-ST-ZIP: **PAHOKEE, FL 33476**

TITLE: **PM** ☒ Delete  
NAME: **AKINS, JIMMY**  
STREET ADDRESS: **2230 NW 87TH ST.**  
CITY-ST-ZIP: **MIAMI, FL 33147**

TITLE: **M** ☐ Change ☒ Addition  
NAME: **YORK, ROYAL**  
STREET ADDRESS: **204 BEGONIA DR.**  
CITY-ST-ZIP: **PAHOKEE FL, 33476**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

TITLE: ☐ Delete  
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
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CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 lines empowered.

SIGNATURE: *Edwin B. Stinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/08 561-924-0137  
Date Daytime Phone #