

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # H55087



1. Entity Name
G. H. STANLEY, INC.

Principal Place of Business
**3701 LITTLE ROAD
LUTZ FL 33548
US**

Mailing Address
**3701 LITTLE ROAD
LUTZ FL 33548
US**



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

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2548751**

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

**LARKIN, JACK M.
330-A BEARSS AVE., W.
TAMPA FL 33613**

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 constituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	STANLEY, GERALD H.	
STREET ADDRESS	3701 LITTLE ROAD	
CITY-STATE-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, KENNETH	
STREET ADDRESS	7500 N OLA	
CITY-STATE-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, MICHAEL	
STREET ADDRESS	403 BRIAR CLIFF	
CITY-STATE-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, GERALD H. JR.	
STREET ADDRESS	1902 DEKLE	
CITY-STATE-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000635298	
CITY-STATE-ZIP	02/23/07-80008-024 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: *[Signature]* **GERALD H. STANLEY, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

Date

813/961-2717

Daytime Phone #