## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 01, 2007 08:00 AM DOCUMENT # H65438 **Secretary of State** STILWELL ENTERPRISES, INC. Principal Place of Business Mailing Address 2303 E. SILVER SPRINGS BLVD. 107 NE 1ST AVE OCALA, FL 34470 OCALA, FL 34470 01182007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2548113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STILWELL, JOHN S. DO NOT WRITE 1260 N.E. 10TH STREET OCALA, FL 34470 IN THIS SPACE 8. The above named entity submits the 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. lite if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U000000616863 Trust Fund Contribution. Added to Fees 07/07-80048-0**09** 15**8.**75 OFFICERS AND DIRECTORS 10. TITLE NAME STILWELL, JOHN S. STREET ADDRESS 1260 NE 10TH ST. CITY-ST-ZIP OCALA, FL 34470 TITLE NAME STILWELL, SUSAN D. STREET ADDRESS 1260 NE 10TH ST. CITY-ST-ZIP OCALA, FL 34470 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 at other like empowered.

SIGNATURE:X

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1 (30/07 (352) 895-2

**FILED**