


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90057 028 \*\*\*150.00


**DOCUMENT # J13966**  
 1. Entity Name  
**STA PROPERTIES, INC.**



Principal Place of Business 1236 N. MONROE STREET TALLAHASSEE, FL 32303	Mailing Address 1236 N. MONROE STREET TALLAHASSEE, FL 32303
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**DO NOT WRITE IN THIS SPACE**

40000000



01072008 No Chg-P CR2E034 (11/05)

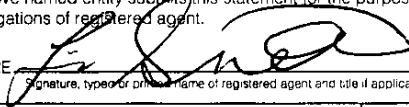
4. FEI Number 59-2683215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SNOW, LARRY W.  
 RT 4 BOX 2124  
 TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE 1-7-08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNOW, LARRY W. RT. 4, BOX 2124 HAVANA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SNOW, DEBRA M RT 4, BOX 2124 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SNOW, BRIAN 1236 N MONROE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  DATE 1-7-08 DAYTIME PHONE # 850-222-2308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #