2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# J32887

Entity Name: STIGALL & CO., INC.

Current Principal Place of Business:

5203 S.BUGG RD.
PLANT CITY, FL 33567

New Principal Place of Business:

2016 CHRISTY LANE
LAKELAND, FL 33801

Current Mailing Address:

5203 S.BUGG RD.
PLANT CITY, FL 33567

New Mailing Address:

2016 CHRISTY LANE
LAKELAND, FL 33801

FEI Number: 59-2716071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAM D STIGALL JR
2016 CHRISTY LANE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: STIGALL, WILLIAM JR
Address: 2016 CHRISTY LANE
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete
Name: STIGALL, SHARON LEE
Address: 5203 S. BUGG RD.
City-St-Zip: PLANT CITY, FL

Title: D ( ) Delete
Name: STIGALL, SCOTT
Address: 736 SOUTH DAVIS BOULEVARD
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete
Name: GLASS, PAMELA STIGALL
Address: 190 BEAVERDAM LOOP
City-St-Zip: MURPHY, NC 28906

Title: D ( ) Delete
Name: STIGALL, DIRK
Address: 5203 BUGG ROAD
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: STIGALL, SHARON LEE
Address: 2410 PEAVINE CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA STIGALL GLASS S 04/16/2009

Electronic Signature of Signing Officer or Director — Date