2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J46283

1. Entity Name
JOHN P. STINSON, INC.

Principal Place of Business	Mailing Address
6818 MARTHA ROAD PARRISH, FL 34219 US	6818 MARTHA ROAD PARRISH, FL 34219 US

DO NOT WRITE IN THIS SPACE

04012006	No Chg-P	CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

STINSON, JOHN P
6818 MARTHA ROAD
PARRISH, FL 34219

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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 _John P Stinson_
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

DATE _4-5-06_

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000005000669 04/25/06-80032-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STINSON, JOHN P.
STREET ADDRESS	6818 MARTHA ROAD
CITY-ST-ZIP	PARRISH, FL
TITLE	DST
NAME	STINSON, LESLIE G.
STREET ADDRESS	6818 MARTHA ROAD
CITY-ST-ZIP	PARRISH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Leslie G Stinson_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _4-5-06_
Daytime Phone # _941 723 48_