

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90321 037 ***150.00

DOCUMENT # J58921					
1. Entity Name STALEY LIQUIDATING CORP.					
Principal Place of Business 12420 RACE TRACK RD TAMPA, FL 33626-3117 US			Mailing Address 12420 RACE TRACK ROAD TAMPA, FL 33626-117 US		
2. Principal Place of Business 1613 HAMPTON COURT		3. Mailing Address 1613 HAMPTON COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SAFETY HARBOR FL		City & State SAFETY HARBOR FL		03212006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2769053		Applied For Not Applicable			
Zip 34695	Country USA	Zip 34695	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STALEY, DAVID P. 12420 RACE TRACK RD TAMPA, FL 33626-3117			Name		
			Street Address (P.O. Box Number is Not Acceptable) 1613 HAMPTON COURT		
			City SAFETY HARBOR	State FL	Zip Code 34695
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALEY, DAVID P. 1613 HAMPTON CT. SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STALEY, JEAN C 1613 HAMPTON CT. SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: 		JEAN C. STALEY Sr./ Treasurer		Date: 4/19/06 (1st) 725-3508	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	