



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 STAILEY 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			
Zip 34695		Country USA		03212006 Chg-P CR2E034 (11/05)	
Zip 34695		Country USA		4. FEI Number 59-2769053	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STAILEY, DAVID P. 12420 RACE TRACK RD TAMPA, FL 33626-3117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1613 HAMPTON COURT City SAFETY HARBOR 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 STAILEY, 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 STAILEY, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>David P. Stailey</u> <u>JEAN C. STAILEY Jr./Treasurer</u> 4/19/06 (725) 725-3508 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					