


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K01599**  
 1. Entity Name  
**STOCKMAN REALTY OF FLORIDA, INC.**



Principal Place of Business <b>32 HARGROVE GRADE PALM COAST, FL 32137</b>	Mailing Address <b>32 HARGROVE GRADE PALM COAST, FL 32137</b>
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2915284</b>	Applied For <input type="checkbox"/> 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**

**STOCKMAN, RICHARD  
 724 JOHN ANDERSON DR  
 ORMOND BEACH, FL 32176**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000897776 04/25/08-80061-014 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE <b>PTD</b>	<b>STOKMAN, ROBERT</b>
NAME	<b>32 HARGROVE GRADE</b>
STREET ADDRESS	<b>PALM COAST, FL</b>
CITY-ST-ZIP	
TITLE <b>VSD</b>	<b>STOCKMAN, RICHARD</b>
NAME	<b>32 HARGROVE GRADE</b>
STREET ADDRESS	<b>PALM COAST, FL</b>
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 titles empowered.

**SIGNATURE:**  **4/10/08 (386) 445-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #