

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17383

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: STUBBEST, INC.

**Current Principal Place of Business:**

286 S.W. 1ST TERRACE  
SUITE 102  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

286 S.W. 1ST TERRACE  
SUITE 102  
DEERFIELD BCH, FL 33441 US

**New Mailing Address:**

600 S.W. 14TH COURT  
DEERFIELD BCH, FL 33441 US

FEI Number: 65-0042041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STUBBS, CHEYENNE C  
600 S.W. 14TH COURT  
DEERFIELD BCH, FL 33441 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: PTD ( ) Delete  
Name: STUBBS, CARROL B JR  
Address: 600 S.W. 14TH CT  
City-St-Zip: DEERFIELD BCH, FL 33441 US

Title: VSD ( ) Delete  
Name: STUBBS, CHEYENNE C  
Address: 600 S.W. 14TH CT  
City-St-Zip: DEERFIELD BCH, FL 33441 US

Title: D ( ) Delete  
Name: STUBBS, CARROL SR.  
Address: 441 N. W. 2ND WAY  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D ( ) Delete  
Name: STUBBS, SALLY  
Address: 441 N. W. 2ND WAY  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D (X) Delete  
Name: CHINNERY, CANONICA S  
Address: 4838 NW 21ST STREET  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D (X) Delete  
Name: STUBBS, JARED K  
Address: 3603 CYPRESS FERN WAY  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: CHEYENNE STUBBS

VP

03/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date