


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 018 ***150.00

DOCUMENT # M67874 1. Entity Name STOKES & STOKES, INC.					
Principal Place of Business 640 STATE ROAD 434 WINTER SPRINGS, FL 32708			Mailing Address 640 STATE ROAD 434 WINTER SPRINGS, FL 32708		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 720 S. Chickasaw Tr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO, FL.		4. FEI Number 59-2866201	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32825		Country ORANGE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEIGH, RICHARD A. 1031 W MORSE BLVD STE 350 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D STOKES, JUDITH P. 720 S CHICKASAW TRAIL ORLANDO, FL 32825 <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	D STOKES, KEITH C. 720 S CHICKASAW TRAIL ORLANDO, FL 32825 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: <i>Judith P. Stokes</i> Judith P. Stokes			Date 2-8-07		Daytime Phone # 407-482-9457