

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007970

FILED
Apr 26, 2006
Secretary of State

Entity Name: STACEY POOLE INC.

Current Principal Place of Business:

10367 MCLAURIN RD. EAST
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40112
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 55-0844027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, STACEY L SR.
10367 MCLAURIN RD. EAST
JACKSONVILLE, FL 32256 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: POOLE, KEITH W PRESIDE
Address: 5928 FIRESTONE RD. APT.154
City-St-Zip: JACKSONVILLE, FL 32244

Title: SEC () Delete
Name: WRIGHT, CHARLENE
Address: 11685 CHESTNUT OAK DR. EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: VANN, TONY
Address: 943 ASHTON COVE TERRACE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POOLE, KEITH W SR
Address: 5928 FIRESTONE RD. APT.154
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Change () Addition
Name: WRIGHT, CHARLENE
Address: 11685 CHESTNUT OAK DR. EAST
City-St-Zip: JACKSONVILLE, FL 32218

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH W POOLE SR

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date