

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
ANNUAL
REPORT 2010



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 AM 8:31

DOCUMENT # PO0000025696

1. Corporation Name

STASSTO BOB INC.

2. Principal Office Address - No P.O. Box #

5411 Bergbill Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Milton FL

City & State

Zip

Country

Zip

Country

32570 Santa Rosa

4. Date Incorporated or Qualified To Do Business in Florida

400165774274

01/12/10-01003-007 **150.00
CR2E081 (1/09)

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dawn Wilborn

Street Address (P.O. Box Number is Not Acceptable)

5552 Fox Fire Rd.

Suite, Apt. #, Etc.

City

Milton

State
FL

Zip Code

32570

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 01.05.10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>pres.</u>	<u>Dawn Wilborn</u>	<u>5552 Fox Fire Rd</u>	<u>Milton FL 32570</u>

10. E-mail Address:

40.dawn@mehsi.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01.05.10

Daytime Phone #

KS