## 2006 FOR PROFIT CORPORATION. .... **ANNUAL REPORT**

## DOCUMENT # P00000032392

1. Entity Name

STALKER CONSTRUCTION AND SERVICES INC.



**FILED** Mar 23, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

142 JANE DR.

CITY-ST-ZIP

CRAWFORDVILLE, FL 32327

142 JANE DR.

CRAWFORDVILLE, FL 32327



DO NOT WRITE IN THIS SPACE

03062006 No Chg-P CR2E034 (11/05) Applied Fo 4. FEI Number 59-3641279 Not Applic. \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

STALKER, SHELLEY 142 JANE DR. CRAWFORDVILLE, FL 32327

## DO NOT WRITE IN THIS SDACE

5. Certificate of Status Desired

				114	THO SPACE	
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered of	ffice or re	egistered agent, or bo	oth, in the State of Florida 1 am familiar with, and a	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered Ager	nt signature	required when relnstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	, D	\$5.00 May Be Added to Fees	1100000478626 1/08/06-80012-023 150.00	
10.	OFFICERS AND DIREC	TORS			1.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALKER, SHELLEY 142 JANE DR. CRAWFOROVILLE, FL 32327					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALKER, KERRY 142 JANE DR. CRAWFORDVILLE, FL 32327		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STRELY ADDRESS CITY - ST - ZIP				IN THIS SPACE		
HILE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS					·	

12. Thereby certify that the information supplied with this filling 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 direction 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 changed, or on an attachment with an address, with all other like empowered.