


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90019 039 ***150.00

DOCUMENT # P00000066104					
1. Entity Name ROBERT L. STUBBLEFIELD, INC.					
Principal Place of Business 16 ELKWOOD COURT WINTER SPRINGS FL 32708			Mailing Address 16 ELKWOOD COURT WINTER SPRINGS FL 32708		
2. Principal Place of Business 717 LOLA AVE			3. Mailing Address SAME		
Suite, Apt. #, etc. DELTONA FL			Suite, Apt. #, etc. DELTONA		
City & State FLORIDA			City & State FL		
Zip 32738	Country US	Zip 32738	Country	4. FEI Number 59-3659517	
6. Name and Address of Current Registered Agent STUBBLEFIELD, ROBERT L 16 ELKWOOD COURT WINTER SPRINGS FL 32708				7. Name and Address of New Registered Agent N/A	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE Robert L Stubblefield Signature, typed or printed name of registered agent and title if applicable.				DATE 4-1-05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 P	NAME STUBBLEFIELD, ROBERT L		TITLE	NAME	
STREET ADDRESS 16 ELKWOOD COURT	CITY-ST-ZIP WINTER SPRINGS FL 32708		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Robert L Stubblefield** **President** **4-1-05** **321-228-4503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #