

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073967

Entity Name: STATION INDUSTRIES, INC.

FILED
May 17, 2006
Secretary of State

Current Principal Place of Business:

800 SW 85TH AVE
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

MVBP BOX 13
EDGARTOWN, MA 02539 US

New Mailing Address:

FEI Number: 06-1594092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSBECK, EDWARD
800 SW 85TH AVE
OCALA, FL 34481 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROSBECK, EDWARD
Address: 169 THE BOULEVARD
City-St-Zip: EDGARTOWN, MA 02539 US

Title: TRES () Delete
Name: ROSBECK, EDWARD
Address: 169 THE BOULEVARD
City-St-Zip: EDGARTOWN, MA 02539 US

Title: SEC () Delete
Name: ROSBECK, PETER II
Address: 114 HINES POINT
City-St-Zip: VINEYARD HAVEN, MA 02568 US

Title: DIR () Delete
Name: ROSBECK, EDWARD
Address: 169 THE BOULEVARD
City-St-Zip: EDGARTOWN, MA 02539 US

Title: DIR () Delete
Name: ROSBECK, PETER II
Address: 114 HINES POINT
City-St-Zip: VINEYARD HAVEN, MA 02539 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: ROSBECK, PETER II
Address: 114 HINES POINT ROAD
City-St-Zip: VINEYARD HAVEN, MA 02568 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: PETER, ROSBECK II
Address: 114 HINES POINT ROAD
City-St-Zip: VINEYARD HAVEN, MA 02568 US

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

SIGNATURE: EDWARD ROSBECK

PRES

05/17/2006

Electronic Signature of Signing Officer or Director

_____ Date