

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90254 048 ***150.00

DOCUMENT # P00000079173

1. Entity Name
STUMPS AWAY INC.



Principal Place of Business
**8348 E SR 44
WILDWOOD, FL 34785**

Mailing Address
**8348 E SR 44
WILDWOOD, FL 34785**

50018897



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3665469

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMOAK, KATHY
8348 E SR 44
WILDWOOD, FL 34785**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTC
SMOAK, KATHY
8348 SR 44
WILDWOOD, FL 34785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
SMOAK, EDDIE
8348 SR 44
WILDWOOD, FL 34785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Scot
SMOAK, ASHLEY D
8348 E. SR 44
WILDWOOD, FL 34785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMOAK, JUSTIN K
8348 E. SR 44
WILDWOOD, FL 34785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: Kathy Smoak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06
Date

President
Daytime Phone #