

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000026369**

1. Entity Name  
**STAYPUT SALES, INC.**



Principal Place of Business  
**136 PATTERSON DRIVE  
AUBURNDALE, FL 33823**

Mailing Address  
**136 PATTERSON DRIVE  
AUBURNDALE, FL 33823**



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3702097</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DUNCAN, MAX P  
136 PATTERSON DRIVE  
AUBURNDALE, FL 33823**

**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	DP
NAME	DUNCAN, MAX P
STREET ADDRESS	136 PATTERSON DRIVE
CITY-ST-ZIP	AUBURNDALE, FL 33823

TITLE	CDV
NAME	HAMMOND, JAMES S
STREET ADDRESS	1035 MEDINAH DR
CITY-ST-ZIP	WINTER HAVEN, FL 33884

TITLE	DS
NAME	DUNCAN, SANDRA K
STREET ADDRESS	136 PATTERSON DRIVE
CITY-ST-ZIP	AUBURNDALE, FL 33823

TITLE	DT
NAME	HAMMOND, DARLA K
STREET ADDRESS	1035 MEDINAH DR
CITY-ST-ZIP	WINTER HAVEN, FL 33884

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/06-80052-004 158.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]*  
**JAMES S. HAMMOND / V. PRES**

**04-27-06**

**863-965-1272**