

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000061739

1. Entity Name
STILTMART LEARNING MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**2617 TINOSA CIRCLE
PENSACOLA, FL 32526**

Mailing Address
**2617 TINOSA CIRCLE
PENSACOLA, FL 32526**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3731761

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STILTNER, NELSON H
2617 TINOSA CIRCLE
PENSACOLA, FL 32526**

**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 re-instating)

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	P
NAME	STILTNER, NELSON H
STREET ADDRESS	2617 TINOSA CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	V
NAME	MARTINEZ, JESS
STREET ADDRESS	10835 HIGHWAY 150
CITY-ST-ZIP	GREENVILLE, IN 47124
TITLE	V
NAME	WEBB, MIKE
STREET ADDRESS	1944 CARDINAL LANE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	S
NAME	GOSSEEN, KIM
STREET ADDRESS	2407 CAVALLA LOOP
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	T
NAME	GOSSEEN, KIM
STREET ADDRESS	2407 CAVALLA LOOP
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/06/06-80016-011 150.00

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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:

Nelson H Stiltner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2006

DATE

850-944-0926

DAYTIME PHONE #