


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000068623

1. Entity Name
 THOMAS STALLINGS, INC.



Principal Place of Business Mailing Address

7324 SHINDLER DRIVE 7324 SHINDLER DRIVE
 JACKSONVILLE, FL 32222 JACKSONVILLE, FL 32222

DO NOT WRITE IN THIS SPACE



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3730995 Not Applicable

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

6. Name and Address of Current Registered Agent

STALLINGS, THOMAS
 7324 SHINDLER DRIVE
 JACKSONVILLE, FL 32222

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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, and accepts the obligations of a registered agent.

SIGNATURE: *Thomas Stallings* **PRESIDENT** 09/06/06-800063015 150.00
Signature (typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when relinquishing) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P STALLINGS, THOMAS 7324 SHINDLER DRIVE JACKSONVILLE, FL 32222
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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: *Thomas Stallings* **THOMAS STALLINGS** 9-3-06 904 832354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (L269) DuPont Printing