


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000074087</b>	
1. Entity Name <b>STALLINGS ENTERPRISES, INC.</b>	

Principal Place of Business <b>200 NORTH FLORIDA AVE WAUCHULA, FL 33873</b>	Mailing Address <b>200 NORTH FLORIDA AVE WAUCHULA, FL 33873</b>
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04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1124640</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>KROLL, M. JOAN 200 NORTH FLORIDA AVE WAUCHULA, FL 33873</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	<b>DPST STALLINGS, JAMES L 200 NORTH FLORIDA AVE WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STALLINGS, SHIRLEY 200 NORTH FLORIDA AVE WAUCHULA, FL 33873</b>
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04/26/05-80018-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information indicated on this report or supplement 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 registered agent, and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #