



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90016 021 \*\*\*150.00

<b>DOCUMENT # P01000077009</b> 1. Entity Name STIFEL TRANSPORTATION, INC.					
Principal Place of Business 2502 N ROOSEVELT BLVD KEY WEST, FL 33040			Mailing Address 110 AVE. F KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box # 110 Avenue F		3. Mailing Address Suite, Apt. #, etc.			
City & State Key West, FL		City & State Key West, FL			
Zip 33040		Country Monroe		4. FEI Number 65-1129088	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STIFEL, KAREN M 110 AVENUE F KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name: STIFEL, KAREN M Street Address (P.O. Box Number is Not Acceptable): 110 AVENUE F City: Key West, FL Zip Code: 33040		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STIFEL, QUENTIN 110 AVE. F KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STIFEL, KAREN 110 AVE. F KEY WEST, FL 33040	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: 			2/8/07 205-747-4745		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Correct