2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 23, 2005 08:00 AM DOCUMENT # P01000102207 1. Entity Name **Secretary of State** STANLEY BARNABUS STUDIOS, INC. Principal Place of Business Mailing Address 2825 PINECREST STREET 2825 PINECREST STREET SATASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1149678 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DITCHFIELD, BERNICE C 2825 PINECREST STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 Zip Code 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 fills if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete HTLE ☐ Change Addition U00000273112 DITCHFIELD, STANLEY NAME NAME 03/23/05-80014-019 150.00 STREET ADDRESS 3544 SAULSTARS CT. STREET ADDRESS CITY-ST-7IP SARASOTA FL 34232 CITY-ST-7IP ٧D TITLE ☐ Delete Title ☐ Change ☐ Addition NAME DITCHFIELD, STEPHEN P NAME 2825 PINECREST STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP TITLE SD Delete THE Change ☐ Addition DITCHFIELD, BERNICE C NAME STREET ADDRESS 2825 PINECREST STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP THUE Change ☐ Detete $\pi n \epsilon$ ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DRE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or slipplemental 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 the report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching the with an address, who all others like expowered.

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