2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000111099 Feb 05, 2007 08:00 AM **Secretary of State** STIDHAM'S ENTERPRISES, INC. Principal Place of Business Mailing Address 7945 WALKER LK, RD, "" **PO BOX 303** BARTOW FL 33830 ALTURAS FL 33820 2. Principal Placo of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt #, otc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 80-0023462 Not Applicable Zip Country Żip 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 STIDHAM, GEORGE W Stroot Address (P.O. Box Number is Not Acceptable) 7945 WALKER K. RD. BARTOW FL 33830 City 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 title r 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, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete IIILE ☐ Change STIDHAM, GEORGE W NAME NAME U00000621542 7945 WALKER LK. RD. STREET ADDRESS STREET ADDRESS 02/12/07-80021-005 158.75 BARTOW FL 33830 CHY-ST-ZIP CITY - ST- ZIP ше ☐ Delete ☐ Change ☐ Addition TITLE STIDHAM, BRAD W NAME NAME 7901 WALKER LK, RD. STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP CITY - ST- ZIP HILE ☐ Delete TITLE Addition STIDHAM, SHELIA F NAME NAME 7945 WALKER LK. RD. STREET ADDRESS STREET ADORESS BARTOW FL 33830 CITY - ST - ZIP CITY - ST- ZIP ☐ Deleie TIFLE ☐ Change ☐ Addition STIDHAM, TERESA NAME NAME 7901 WALKER LAKE ROAD STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CHY-SI-ZIP CITY - ST-ZIP TITLE ☐ Deleie TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P HILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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:

GEORGE W. Stidham) 2-1-07

FILED