




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000012884			
1. Entity Name STULL FAMILY INVESTMENTS, INC.			
Principal Place of Business 8623 IRVINGTON AVENUE BETHESDA, MD 20817		Mailing Address 8623 IRVINGTON AVENUE BETHESDA, MD 20817	
DO NOT WRITE IN THIS SPACE			
		03132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 04-3601458	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOUSEY, CLAY B JR. ONE INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE, FL 32202		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000537073 05/09/06-80003-008 150.00	
TITLE	D		
NAME	NICHOLSON STULL, JOHN PAGE		
STREET ADDRESS	8623 IRVINGTON AVENUE		
CITY - ST - ZIP	BETHESDA, MD 20817		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
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TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 		Date: 4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	