# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2006**
**Secretary of State**

DOCUMENT# P02000113803

**Entity Name:** STALUS & KIEFER, INC.

**Current Principal Place of Business:**

19247 N. DALE MABRY BLVD
LUTZ, FL 33548

**New Principal Place of Business:**

19261 N. DALE MABRY BLVD.
LUTZ, FL 33548

**Current Mailing Address:**

LAUREN S. KIEFER
23543 VISTAMAR COURT
LAND O LAKES, FL 34639

**New Mailing Address:**

19261 N. DALE MABRY BLVD.
LUTZ, FL 33548

**FEI Number: 65-1162465** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIFER, LAUREN S
23543 VISTAMAR COURT
LAND O LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

KIEFER, LAUREN S
6615 MAGNOLIA POINT DRIVE
LAND O LAKES, FL 34637 US

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.

SIGNATURE: LAUREN S. KIEFER 04/28/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete
Name: STALUS, KIM L
Address: 3544 MUNNINGS KNOLL
City-St-Zip: LAND O LAKES, FL 34639

Title: P ( ) Delete
Name: KIEFER, LAUREN S
Address: 23543 VISTAMAR COURT
City-St-Zip: LAND O LAKES, FL 34639

Title: S ( ) Delete
Name: STALUS, JAMES A
Address: 3544 MUNNINGS KNOLL
City-St-Zip: LAND O LAKES, FL 34639

Title: T ( ) Delete
Name: STALUS, MARGARET L
Address: 3544 MUNNINGS KNOLL
City-St-Zip: LAND O LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: KIEFER, LAUREN S
Address: 6615 MAGNOLIA POINT DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN S. KIEFER P 04/28/2006
Electronic Signature of Signing Officer or Director Date