

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113803

Entity Name: STALUS & KIEFER, INC.

FILED
Aug 10, 2007
Secretary of State

Current Principal Place of Business:

19261 N. DALE MABRY BLVD.
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

19261 N. DALE MABRY BLVD.
LUTZ, FL 33548

New Mailing Address:

2720 COASTAL RANGE WAY
LUTZ, FL 33559

FEI Number: 65-1162465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KIEFER, LAUREN S
2720 COASTAL RANGE WAY
LUTZ, FL 33559 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

08/10/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 6615 MAGNOLIA POINT DRIVE
City-St-Zip: LAND O LAKES, FL 34637

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: VP (X) Change () Addition
Name: QUALEY, KIMBERLY S
Address: 6311 DESERT PEACE AVENUE
City-St-Zip: LAND O LAKES, FL 34639

Title: P (X) Change () Addition
Name: KIEFER, LAUREN S
Address: 2720 COASTAL RANGE WAY
City-St-Zip: LUTZ, FL 33559

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 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

08/10/2007

Electronic Signature of Signing Officer or Director

Date