2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 08:00 AM DOCUMENT # P02000118808 **Secretary of State** 1. Entity Name STANG FINANCIAL, INC. Principal Place of Business Mailing Address 31 BEACH DRIVE SE ST PETERSBURG FL 33701 31 BEACH DRIVE SE ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 04-3720356 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STANG, BRADLEY T 31 BEACH DRIVE SE Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33701 Zip Cade 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 Cignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May 🗈 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Oelete. TITLE ☐ Change ☐ Air™ NAME STANG, BRADLEY T NAME STREET ADDRESS 31 BEACH DRIVE SE STREET ADDRESS 00000048<mark>1637</mark> 04/11/06-80043 CITY-ST-ZIP ST PETERSBURG FL 33701 CITY-ST-ZIP TITLE STVP Delete 7111LF NAME STANG, MELODY M NAME STREET ACCRESS 31 BEACH DRIVE SE STREET ADDRESS C17Y-ST-71P ST PETERSBURG FL 33701 CITY-ST-ZIP TITI F Delete ☐ Change □ Addition TOTAL MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CiTY-SI-ZIP TITLE Delete TITLE ☐ Change MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Address NAME NAME. STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP Detete $\mathcal{H}_{\mathcal{L}}$ ☐ Change ☐ Addri' 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 quality 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 path; that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Post T. H. - Brody V. Stong

2/13/06 727-898-1099

FILED