

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128485

Entity Name: STA WI VI CONSULTING, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 626  
MIDDLEBURG, FL 32050

## New Principal Place of Business:

2764 SHADE TREE DRIVE  
ORANGE PARK, FL 32003

## Current Mailing Address:

P.O. BOX 626  
MIDDLEBURG, FL 32050

## New Mailing Address:

2764 SHADE TREE DRIVE  
ORANGE PARK, FL 32003

FEI Number: 01-0758143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCAIFE III, WILLIAM O  
2533 CROOKED CREEK POINT ROAD  
MIDDLEBURG, FL 32068 US

## Name and Address of New Registered Agent:

SCAIFE III, WILLIAM O  
2764 SHADE TREE DRIVE  
ORANGE PARK, FL 32003 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:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: SCAIFE III, WILLIAM O  
Address: 2533 CROOKED CREEK POINT ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: DVPS ( ) Delete  
Name: SCAIFE, STACEY A  
Address: 2533 CROOKED CREEK POINT ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: DS ( ) Delete  
Name: SCAIFE JR., WILLIAM O  
Address: P.O. BOX 626  
City-St-Zip: MIDDLEBURG, FL 32050

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SCAIFE III, WILLIAM O  
Address: 2764 SHADE TREE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: DVPS (X) Change ( ) Addition  
Name: SCAIFE, STACEY A  
Address: 2764 SHADE TREE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: DS (X) Change ( ) Addition  
Name: SCAIFE JR., WILLIAM O  
Address: 2764 SHADE TREE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

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: WILLIAM O SCAIFE 111

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date