

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000129915

1. Entity Name

STACK AND STORE OF FLORIDA, INC.



Principal Place of Business

5045 RONNOCH BLVD.
WESLEY CHAPEL, FL 33544

Mailing Address

POST OFFICE BOX 17331
TAMPA, FL 33682-7331



04202008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3886662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, JOAN
5045 RONNOCH BLVD.
WESLEY CHAPEL, FL 33544

**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

JOAN VALDES
Signature, typed or printed name of registered agent and title if applicable

Joan Valdes
(NOTE: Registered Agent signature required when reinstating)

4-30-08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000945457
05/30/08-80008-023 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME VALDES, JOAN
STREET ADDRESS 5045 RONNOCH BLVD.
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

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IN THIS SPACE**

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:

X JOAN VALDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Valdes

4-30-08
Date

813-935-9071
Daytime Phone #

JOAN VALDES