

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90011 011 ***150.00

DOCUMENT # P02000130999

1. Entity Name

STELLINGS REALTY, INC.



Principal Place of Business

2381 SARATOGA BAY DR
WEST PALM BEACH FL 33409

Mailing Address

2381 SARATOGA BAY DR
WEST PALM BEACH FL 33409

2. Principal Place of Business

1701 S. Flagler Dr.

3. Mailing Address

1701 S. Flagler Dr

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

406

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33401

Country

U.S.A

Zip

33401

Country

U.S.A

1st MOORE

CR2E034 (10/05)



4. FEI Number

33-1039158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STELLINGS, LEON
2381 SARATOGA BAY DRIVE
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name **STELLINGS LEON**
Street Address (P.O. Box Number is Not Acceptable)
1701 S. Flagler Dr.
406
City **WEST PALM BEACH** **FL** Zip Code **33401**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 1 2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STELLINGS, LEON #406**
STREET ADDRESS **2381 SARATOGA BAY DR 1701 S. Flagler Dr**
CITY-ST-ZIP **WEST PALM BEACH FL 33409 W.P.B FL 33401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **STELLINGS, LEON**
STREET ADDRESS **1701 S. Flagler Dr. #406**
CITY-ST-ZIP **West Palm Beach FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2006 (561) 452-0700

Date Daytime Phone #