## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000067571

Entity Name: STELLAR INDUSTRIES, INC.

FILED Aug 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3017 50TH STREET SW 3829 NORTHRIDGE RD. NAPLES, FL 34116 NORMAN, OK 73072

Current Mailing Address: New Mailing Address:

3017 50TH STREET SW 3829 NORTHRIDGE RD. NAPLES, FL 34116 NORMAN, OK 73072

FEI Number: 56-2371088 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: DPS (X) Change () Addition

 Name:
 STALCUP, KIMBERLY A
 Name:
 STALCUP, KIMBERLY A

 Address:
 3017 50TH STREET SW
 Address:
 3829 NORTHRIDGE RD

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NORMAN, OK 73072

Title: DVS ( ) Delete Title: DVS (X) Change ( ) Addition

 Name:
 STALCUP, JÂMÉS R II
 Name:
 STALCUP, JÂMÉS R II

 Address:
 3017 50TH STREET SW
 Address:
 3829 NORTHRIDGE RD.

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NORMAN, OK 73072

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: KIMBERLY STALCUP DPS 08/31/2007