

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90330 013 ***150.00

DOCUMENT # P03000117931	
1. Entity Name STANLEY HOME IMPROVEMENTS, INC.	

Principal Place of Business 11145 NE 145TH ST FT MCCOY, FL 32134 US	Mailing Address PO BOX 751 FT MCCOY, FL 32134
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40072214



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		11145 NE 145TH ST	
City & State		City & State	
FT MCCOY, FL		FT MCCOY, FL	
Zip	Country	Zip	Country
32134-1490		32134-1490	

01262006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0322363	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
STANLEY, CHAD A 11145 NE 145TH ST FT MCCOY, FL 32134-1490	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code 32134-1490

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: _____ (NOTE: Registered Agent signature required when removing) DATE: _____

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees:
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
PRES STANLEY, CHAD A 11145 NE 145TH ST FT MCCOY, FL 32134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VP STANLEY, DARRIN J 26 BANYAN COURSE RUN OCALA, FL 34472	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Chad Stanley 3-5-06 352-812-4616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #