

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000135790 1. Entity Name CHARLES STACKPOLE RESTORATION & PAINTING INC.			
Principal Place of Business 33712 LINDA DRIVE LEESBURG FL 34788		Mailing Address 33712 LINDA DRIVE LEESBURG FL 34788	
2. Principal Place of Business - No P.O. Box # 33712 LINDA DR Suite, Apt. #, etc. N/A		3. Mailing Address 33712 LINDA DR Suite, Apt. #, etc. N/A	
City & State LEESBURG FL		City & State LEESBURG FL	
Zip 34788		Zip 34788	
Country LAKE		Country LAKE	
4. FEI Number 06-1713489		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACKPOLE, MARY 33712 LINDA DRIVE LEESBURG FL 34788		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PT STACKPOLE, CHARLES 33712 LINDA DRIVE LEESBURG FL 34788 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition U000000603513 01/29/07-80016-021 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	VS STACKPOLE, MARY 33712 LINDA DRIVE LEESBURG FL 34788 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	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 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: MARY STACKPOLE Mary Stackpole 01-23-07 352-343-9001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

