

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # **03000136561**

1. Entity Name
MIKE STANLEY CONTRACTING INC



Principal Place of Business

**744 CEDAR CREEK RD
PALATKA, FL 32177**

Mailing Address

**744 CEDAR CREEK
PALATKA, FL 32177**

DO NOT WRITE IN THIS SPACE

07142008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3773150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STANLEY, MONA
744 CEDAR CREEK RD
PALATKA, FL 32177**

**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.

07/22/08-80002-011-150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	STANLEY, MICHAEL I
STREET ADDRESS	744 CEDAR CREEK RD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	VP
NAME	STANLEY, WILLIAM M
STREET ADDRESS	744 CEDAR CREEK RD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	S
NAME	STANLEY, KATHRYN S
STREET ADDRESS	256 HARBOR DRIVE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/22/08-80002-011-150.00

**DO NOT WRITE
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:

Michael Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 July 08 388-548-9518

Date

Daytime Phone #