

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138589

Entity Name: STEPHANIE SPINK INC.

FILED
Jan 21, 2006
Secretary of State

Current Principal Place of Business:

96 PECAN PASS
OCALA, FL 34472 US

New Principal Place of Business:

802 SE 50TH TERRACE
OCALA, FL 34471 US

Current Mailing Address:

P.O. BOX 1989
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 20-0454831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINK, STEPHANIE M
P.O. BOX 1989
OCALA, FL 34478 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPINK, STEPHANIE M
Address: 96 PECAN PASS
City-St-Zip: Ocala, FL 34472

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SPINK, STEPHANIE M
Address: 802 SE 50TH TERRACE
City-St-Zip: Ocala, FL 34471

Title: VP () Change (X) Addition
Name: SPINK, STEPHANIE M
Address: 802 SE 50TH TERRACE
City-St-Zip: Ocala, FL 34471

Title: SECT () Change (X) Addition
Name: SPINK, STEPHANIE M
Address: 802 SE 50TH TERRACE
City-St-Zip: Ocala, FL 34471

Title: TRES () Change (X) Addition
Name: SPINK, STEPHANIE M
Address: 802 SE 50TH TERRACE
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHANIE M. SPINK

PRES

01/21/2006

Electronic Signature of Signing Officer or Director

_____ Date