

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138589

Entity Name: STEPHANIE SPINK INC.

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

802 SE 50TH TERRACE  
OCALA, FL 34471 US

## New Principal Place of Business:

## 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:

SPINK, STEPHANIE M  
802 SE 50TH TERR  
OCALA, FL 34471 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: STEPHANIE M. SPINK

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SPINK, STEPHANIE M  
Address: 802 SE 50TH TERRACE  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: SPINK, STEPHANIE M  
Address: 802 SE 50TH TERRACE  
City-St-Zip: OCALA, FL 34471

Title: SECT ( ) Delete  
Name: SPINK, STEPHANIE M  
Address: 802 SE 50TH TERRACE  
City-St-Zip: OCALA, FL 34471

Title: TRES ( ) Delete  
Name: SPINK, STEPHANIE M  
Address: 802 SE 50TH TERRACE  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/04/2007

Electronic Signature of Signing Officer or Director

Date