


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90201 012 ***158.75

DOCUMENT # P03000146574						
1. Entity Name DAVID STANCHFIELD & CO., INC.						
Principal Place of Business 2956 LLAMA CT. MIDDLEBURG, FL 32068			Mailing Address 2956 LLAMA CT. MIDDLEBURG, FL 32068			
2. Principal Place of Business JAX, FLA		3. Mailing Address 1159 WETHERSFIELD CT				
Suite, Apt. #, etc. 1159 WETHERSFIELD CT.		Suite, Apt. #, etc.				
City & State JAX, FLA		City & State JAX, FLA		4. FEI Number 80-0093391		
Zip 32257		Country U.S.A.		Applied For Not Applicable		
Zip 32257		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STANCHFIELD, DAVID L 2956 LLAMA CT. MIDDLEBURG, FL 32068			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP	NAME STANCHFIELD, DAVID L		<input checked="" type="checkbox"/> Delete	TITLE DP	NAME STANCHFIELD, DAVID	
STREET ADDRESS 2956 LLAMA CT.	CITY-ST-ZIP MIDDLEBURG, FL 32068		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1159 WETHERSFIELD CT	CITY-ST-ZIP JAX FLA 32257	
TITLE PRES	NAME STANCHFIELD, DAVID L		<input checked="" type="checkbox"/> Delete	TITLE PRES	NAME DAVID STANCHFIELD	
STREET ADDRESS 2956 LLAMA CT.	CITY-ST-ZIP MIDDLEBURG, FL 32068		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1159 WETHERSFIELD CT.	CITY-ST-ZIP JAX, FLA 32257	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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 <i>David Stanchfield</i>			DAVID STANCHFIELD		4-17-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	