

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049360

Entity Name: STOKES & STOKES, INC.

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

4195 W NEW HAVEN AVE, SUITE #4
W MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

4195 W NEW HAVEN AVE, SUITE #4
W MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-1750731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1800 W HIBISCUS BLVD
STE 138
MELBOURNE, FL 32901 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: D () Delete
Name: STOKES, BONNIE T
Address: 6365 ANCHOR LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: STOKES, DONALD P
Address: 1125-13TH STREET
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STOKES, BONNIE T
Address: 1913 CAVENDISH CT
City-St-Zip: ROCKLEDGE, FL 32955

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: BONNIE T. STOKES, VP

D

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date