2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000060550

1. Entity Name
STANCIL MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
6000 N. U.S. HIGHWAY 27 OCALA, FL 34482	6000 N. U.S. HIGHWAY 27 OCALA, FL 34482

DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2365150
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STANCIL, WILLIAM HAROLD
6000 N. U.S. HIGHWAY 27
OCALA, FL 34482

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STANCIL, WILLIAM H
STREET ADDRESS	6000 N. U.S. HIGHWAY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	V
NAME	STANCIL, HALE R
STREET ADDRESS	2750 NW 72ND CT.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	V
NAME	SCHORE, GEORGEANNE S
STREET ADDRESS	711 SE 26TH ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	T&S
NAME	HINTON, RENN S
STREET ADDRESS	216 BRIDGEPORT ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80035-014 150.00

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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: Hale R Stancil V.P 1/25/2007 352-622-3658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #