

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90139 009 ***150.00

DOCUMENT # P04000125709

1. Entity Name

STINGRAY CONSULTING INC.



Principal Place of Business

2180 WOODBROOK TRAIL
CUYAHOGA FALLS OH 44223
US

Mailing Address

2180 WOODBROOK TRAIL
CUYAHOGA FALLS OH 44223
US

2. Principal Place of Business

276 LONG MEADOW LANE

3. Mailing Address

276 LONG MEADOW LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROTONDA WEST FL

City & State

ROTONDA WEST FL

4. FEI Number

20-1661260

Applied For

Not Applicable

Zip

Country

Zip

Country

33947

CHARLOTTE

33947

CHARLOTTE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI FL 33130

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DIR ☐ Delete
NAME FEIGHTNER, CLIFFORD L II
STREET ADDRESS 2180 WOODBROOK TRAIL
CITY-ST-ZIP CUYAHOGA FALLS OH 44223

TITLE DIR ☐ Delete
NAME FEIGHTNER, LYNN A
STREET ADDRESS 2180 WOODBROOK TRAIL
CITY-ST-ZIP CUYAHOGA FALLS OH 44223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CLIFFORD L. FEIGHTNER

4/20/05 941-697-4336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #