


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90035 048 ***150.00

DOCUMENT # P04000146739 1. Entity Name STACY FRESSELL, INC.			
Principal Place of Business 196 ST FRANCIS DRIVE N MIRAMAR BEACH FL 32550		Mailing Address 196 ST FRANCIS DRIVE N MIRAMAR BEACH FL 32550	
2. Principal Place of Business <i>196 St. Francis Dr N</i>		3. Mailing Address <i>196 St. Francis Dr N</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Miramar Beach, FL</i>		City & State <i>Miramar Beach, FL</i>	
Zip <i>32550</i>	Country <i>USA</i>	Zip <i>32550</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent FRESSELL, STACY 196 ST FRANCIS DRIVE N MIRAMAR BEACH FL 32550		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)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRESSELL, STACY 196 ST FRANCIS DRIVE N MIRAMAR BEACH FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Stacy P. Fressell</i>		<i>Stacy P. Fressell</i> 1-28-05 850-259-6690 Daytime Phone #	



1st MOORE

CR2E034 (10/04)