
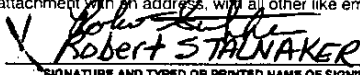


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90040 013 \*\*\*558.75

<b>DOCUMENT # P04000152413</b> 1. Entity Name <b>STALNAKER CLEANUP, INC.</b>			
Principal Place of Business <b>449 CLARK STREET</b> <b>NORTH FT. MYERS, FL 33903 US</b>		Mailing Address <b>449 CLARK STREET</b> <b>NORTH FT. MYERS, FL 33903 US</b>	
2. Principal Place of Business <b>449 CLARK Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>449 CLARK Street</b> Suite, Apt. #, etc.	
City & State <b>N. Ft Myers Florida</b> Zip <b>33903</b> Country		City & State <b>N. Ft Myers, Florida</b> Zip <b>33903</b> Country	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STALNAKER, ROBERT T</b> <b>449 CLARK STREET</b> <b>NORTH FT. MYERS, FL 33903</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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, D <b>STALNAKER, ROBERT T</b> <b>449 CLARK STREET</b> <b>NORTH FT. MYERS, FL 33903</b> <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 <b>EVA STALNAKER, I.P.</b> <b>449 CLARK ST.</b> <b>N. Ft. Myers, FL 33903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DENNYEILL JENKINS</b> <b>447 CLARK Street</b> <b>N. Ft Myers, FL 33903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" 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
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.			
<b>SIGNATURE:</b>  <b>Robert STALNAKER</b>		Date <b>8/16/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>239-997-7764</b>	