2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000157175

1. Entity Name
BARBARA WOODEN STICKLE, LMT, INC.

Principal Place of Business	Mailing Address
1312 ST. ANDREWS DR.	1312 ST. ANDREWS DR.
ROCKLEDGE, FL 32955 US	ROCKLEDGE, FL 32955 US

DO NOT WRITE IN THIS SPACE

04242007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1969839	Not Applicable

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

6. Name and Address of Current Registered Agent

LEONARD, CPA, L. GEORGE
1485 N. ATLANTIC AVE., SUITE 102
COCOA BEACH, FL 32931

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IN THIS SPACE

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, 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	PRES
NAME	STICKLE, BARBARA W L.M.T.
STREET ADDRESS	1312 ST. ANDREWS DR.
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07--80008-010 150.00

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: _Barbara Wooden Stickle, Pres_   4.25.2007   321-543-3350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #