

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158457

Entity Name: TIMOTHY STANLEY, INC.

FILED
Aug 23, 2005
Secretary of State

Current Principal Place of Business:

331 AVENIDA CENTRAL
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

331 AVENIDA CENTRAL
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-2164680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, TIMOTHY
331 AVENIDA CENTRAL
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: STANLEY, TIMOTHY
Address: 331 AVENIDA CENTRAL
City-St-Zip: INDIALANTIC, FL 32903

Title: VP/T () Delete
Name: STANLEY, TIMOTHY
Address: 331 AVENIDA CENTRAL
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Delete
Name: STANLEY, TIMOTHY
Address: 331 AVENIDA CENTRAL
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY STANLEY

P/D

08/23/2005

Electronic Signature of Signing Officer or Director

Date