FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2005 8:00 am Secretary of State

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DOCUMENT # POU 600 16 0853					04-14-2005 90094 011 *	**150.00
Greg Stallings Research Corporation						
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DOW	OT WRIT	EINIH	15 SPA	CE	· 6 •	
Principal Place of Business Cherry Street		3. Mailing Address			_	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State Tallahassee, FL		City & State			4. FEI Number 56-2490316	Applied For Not Applicable
Zip 32303	Country	Zip	С	ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		L		7. Nam	ne and Address of Current Regist	
ا (الله الله الله الله الله الله الله ا				Name Greg Stallings		
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)		
				FL	Zip Code	
8. The above named	l entity submits thi	s statement for th	e purpose of c	Tallahassee hanging its regis	stered office or registered agent, or	32303 both in the
State of Florida. I	am familiar with, a	ind accept the obl	igations of reg	istered agent.	oran a company or	,
SIGNATURE					**	
Signatu January 1	re, typed or printed nar - May 1 Fee is \$1	ne of registered agent a	and title if applicable	e. (NOTE: Registe	ered Agent signature required when reinstating	g) DATE
After May 1, Fee is \$550.00					9. Election Campaign Financing	\$5.00 May Be
Amene Make Check Payable	ded UBR is \$61.2 e to Florida Dena				Trust Fund Contribution.	Added to Fees
10.	OFFICERS	S AND DIRECTOR	RS 11.			
TITLE NAME	Director Greg Stallings			TLE		,
STREET ADDRESS	821 Cherry St			AME TREET ADDRESS	3	
CITY-ST-ZIP	Tallahassee, FL	32303		ITY-ST-ZIP		
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12. I hereby certify that	the information supp	lied with this filing d	oes not qualify for	or the exemption s	stated in Section 119.07(3)(i), Florida Sta	atutes. I further
certify that the inform	nation indicated on t	his report or suppler	nental report is t	rue and accurate	and that my signature shall have the sai	ne legal effect
Chapter 607, Florida	แ, และ เ สก ลก office เ Statutes; and that r	nv name appears in	Block 10 or on a	e receiver or truste an attachment with	ee empowered to execute this report as an address, with all other like empowe	required by
					1.	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR