2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000085912

Entity Name
 RICK STINES PRODUCTIONS INC.



FILED
May 02, 2007 08:00 A
Secretary of State

Principal Place of Business

9772 SW 195TH CIR Dunnellon, FL 34432 Mailing Address

9772 SW 195TH CIR DUNNELLON, FL 34432



04232007

No Chg-P

CR2E034 (11/05)

| 03-0563796 | r FEI Number | *-· | - | |
|------------|--------------|-----|---|------|
| | 03-05637 | 796 | | |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL 7 UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

| MIAMI, FL 33145 | | | IN THIS SPACE | | |
|--|---|---|--|--|--|
| 8. The above the obligat | e named entity submits this statement for the p tions of registered agent. | urpose of changing its register | ed office or registered agent, or b | oth, in the State of Florida. Fam familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | (Applicable (NOTE: Registere | rd Agent signature required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | 000000754213 05/22/07-80052-009 150.00 | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD STINES, RICHARD 9772 SW 195TH CIR DUNNELLON, FL 34432 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STINES, DOROTHY 9772 SW 195TH CIR DUNNELLON, FL 34432 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | भू के हैं के हैं कि है | | |
| TITLE NAME | | | | A MATERIAL STATE OF THE STATE O | |

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 adjuste 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 trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD STINES

4/30/2007

Date

Daytime Phone #