

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144643

Entity Name: STILE SERVICES, INC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

427 SYMPHONY PLACE
DAVENPORT, FL 33896

New Principal Place of Business:

910 DAVENPORT BLVD
DAVENPORT, FL 33897

Current Mailing Address:

427 SYMPHONY PLACE
DAVENPORT, FL 33896

New Mailing Address:

910 DAVENPORT BLVD
DAVENPORT, FL 33897

FEI Number: 20-3683441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILE, ANTONIETA
427 SYMPHONY PLACE
DAVENPORT, FL 33896 US

Name and Address of New Registered Agent:

STILE, ANTONIETA
910 DAVENPORT BLVD
DAVENPORT, FL 33897 US

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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P. () Delete
Name: STILE, ANTONIETA
Address: 427 SYMPHONY PLACE
City-St-Zip: DAVENPORT, FL 33896

Title: VP. (X) Delete
Name: TEPERINO, IRENE
Address: 427 SYMPHONY PLACE
City-St-Zip: DAVENPORT, FL 33896

Title: T. (X) Delete
Name: BARROETA, MIGUEL
Address: 427 SYMPHONY PLACE
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change () Addition
Name: STILE, ANTONIETA
Address: 910 DAVENPORT BLVD
City-St-Zip: DAVENPORT, FL 33897

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 Chapter 119, 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: ANTONIETA STILE

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date