


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90103 038 ***155.00

DOCUMENT # P05000151527	
1. Entity Name STOCKTON, CURLETT AND ASSOCIATES, INC.	

Principal Place of Business 525 N. STATE ROAD 7 MARGATE, FL 33063	Mailing Address 525 N. STATE ROAD 7 MARGATE, FL 33063
---	---

2. Principal Place of Business - No P.O. Box # 3391 N. Pace Blvd	3. Mailing Address 3391 N. Pace Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola FL	City & State Pensacola FL
Zip 32505	Country Escambia

6. Name and Address of Current Registered Agent MOUCHEBOEUF, MICHAEL 525 N. STATE ROAD 7 MARGATE, FL 33063	
7. Name and Address of New Registered Agent Name Curlett, Christian Street Address (P.O. Box Number is Not Acceptable) 3391 N. Pace Blvd. City Pensacola FL Zip Code 32505	

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.

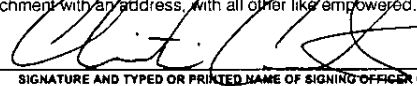
SIGNATURE:  **Christian Curlett President** DATE: **4/18/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOUCHEBOEUF, MICHAEL 525 N. STATE ROAD 7 MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Curlett, Christian 3391 N. Pace Blvd Pensacola FL 32505 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CURLETT, CHRISTIAN 525 N. STATE ROAD 7 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Curlett, John J 5 Caloosa Rd Key Largo FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Christian Curlett** DATE: **4/18/08** DAYTIME PHONE: **850-434-9291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR