2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000167137

1. Entity Name

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STOCK DEPOT FINANCIAL SERVICES, INC.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2513 SW 23'D CRANBROOK DR BOYNTON BEACH, FL 33436 2513 SW 23'D CRANBROOK DR BOYNTON BEACH, FL 33436



DO NOT WRITE IN THIS SPACE

O1032007

OO TIOOTIT	\$9.7E
86-1153414	Not Applicab
4. FEI Number	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

8. Name and Address of Current Registered Agent

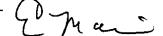
MANGIONE, ERIC J DR. 2513 SW 23'D CRANBROOK DR BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE

No Chg-P

	,			IN THIS SPACE			
			<i>8</i> ′	100	Section 19	· · · · · · · · · · · · · · · · · · ·	
8. The above the obliga	named entity submits this statement for the p tions of registered agent.	urpose of changing its req	gistered office or r	egistered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE; Re	egistered Agent signature	required when reinstating)	C	ATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Trust Fund Contribu	· ·	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGIONE, ERIC J DR. 2513 SW 23'D CRANBROOK DR BOYNTON BEACH, FL 33436			i e - Valy	UDDADDEZOA	1.0 m	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$150 enclosed\$2.	69 loss/200	6		00000057833 01/09/07-80026		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRI	TE	
NAME STREET ADDRESS CITY-ST-ZIP		**************************************	· · · · · · · · · · · · · · · · · · ·	in in	THIS SPAC	CE	
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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.



1/4/07