

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90096 044 ***158.75

DOCUMENT # P06000141509

1. Entity Name

STELLAR CONSULTING, INC.



Principal Place of Business

7872 ANDORA DRIVE
SARASOTA FL 34238

Mailing Address

7872 ANDORA DRIVE
SARASOTA FL 34238

00011111



2. Principal Place of Business - No P.O. Box #

7872 ANDORA DR

Suite, Apt. #, etc.

SARA. FL 34238

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-5875866

Applied For

Not Applicable

1st MOORE

CR2E034 (10/06)

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAKE, J. KEVIN
1432 FIRST STREET
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DD	FASANELLI, RICHARD	7872 ANDORA DRIVE	SARASOTA FL 34238				
D	GRAY, STELLA L	7872 ANDORA DRIVE	SARASOTA FL 34238				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Richard A. Fasanelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

941-350-1254

Date

Daytime Phone #