

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-16-2007 90044 020 ***150.00

DOCUMENT # P06000154188					
1. Entity Name STACI BLACK, INC.					
Principal Place of Business 683 GAINSBORO STREET DELTONA, FL 32725 US			Mailing Address 683 GAINSBORO STREET DELTONA, FL 32725 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-8056821				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
D'AMICO III, PAUL MR. 683 GAINSBORO STREET DELTONA, FL 32725			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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PSTD	☐ Delete			
NAME	D'AMICO III, PAUL MR.				
STREET ADDRESS	683 GAINSBORO STREET				
CITY-STATE-ZIP	DELTONA, FL 32725				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
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CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
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 summary annual 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 authorized empowered.					
SIGNATURE: <u>X [Signature] PRES.</u> <u>X 4-10-07</u>					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
PAUL M. D'AMICO III					