
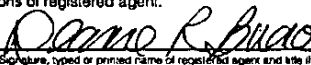
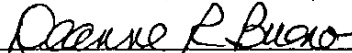


2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**
Mar 24, 2008 8:00 am
Secretary of State

03-07-2008 90044 005 ***150.00

DOCUMENT # P07000041472			
1. Entity Name STANLEY FAMILY MANAGEMENT CORPORATION			
Principal Place of Business 2200 KINGS HIGHWAY 3L PORT CHARLOTTE, FL 33980		Mailing Address 2200 KINGS HIGHWAY 3L PORT CHARLOTTE, FL 33980	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1035 SAN MATEO DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PUNTA GORDA, FLORIDA	
4. FEI Number 56-2651159		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country	
Zip 33950		Country CHARLOTTE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STANLEY, GENE P 1035 SAN MATEO DRIVE PUNTA GORDA, FL 33950		Name DEANNE R. BUONO	
		Street Address (P.O. Box Number is Not Acceptable) 1035 SAN MATEO DRIVE	
		City PUNTA GORDA FL Zip Code 33950	
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 		DEANNE R. BUONO	
		2/18/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input 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	P, T STANLEY, STEVEN P 5844 TARRAGON DRIVE W. PALM BEACH, FL 33415 <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	V, S STANLEY, LORRAINE P 5844 TARRAGON DRIVE W. PALM BEACH, FL 33415 <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	TREAS GENE P. STANLEY 11370 S.W. COURNEY DRIVE LAKE SUZY, FLORIDA 34269 <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	SECY PHYLLIS STANLEY 11370 S.W. COURNEY DRIVE LAKE SUZY, FLORIDA 34269 <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
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: 		DEANNE R. BUONO	
		2/18/08 (941) 637-7764	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66004755



02182008 Chg-P CR2E034 (12/08)