

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041472

FILED  
May 14, 2009  
Secretary of State

Entity Name: STANLEY FAMILY MANAGEMENT CORPORATION

**Current Principal Place of Business:**

2200 KINGS HIGHWAY  
3L  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

1035 SAN MATEO DRIVE  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 56-2651159      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUONO, DEANNE R  
1035 SAN MATEO DRIVE  
PUNTA GORDA, FL 33950      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, T ( ) Delete  
Name: STANLEY, STEVEN P  
Address: 5844 TARRAGON DRIVE  
City-St-Zip: W. PALM BEACH, FL 33415

Title: V, S ( ) Delete  
Name: STANLEY, LORRAINE P  
Address: 5844 TARRAGON DRIVE  
City-St-Zip: W. PALM BEACH, FL 33415

Title: T ( ) Delete  
Name: STANLEY, GENE P  
Address: 11370 S.W. COURTNEY DRIVE  
City-St-Zip: LAKE SUZY, FL 34269

Title: S ( ) Delete  
Name: PHYLLIS, STANLEY  
Address: 11370 S.W. COURTNEY DRIVE  
City-St-Zip: LAKE SUZY, FL 34269

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE P. STANLEY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

05/14/2009

\_\_\_\_\_ Date