

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000131205

FILED
Oct 15, 2009
Secretary of State**Entity Name:** STANLEY PARTNERS, INC.**Current Principal Place of Business:**% SUSAN STANLEY TAYLOR
135 E. MORSE BLVD.
WINTER PARK, FL 32789**New Principal Place of Business:****Current Mailing Address:**% SUSAN STANLEY TAYLOR
135 E. MORSE BLVD.
WINTER PARK, FL 32789**New Mailing Address:****FEI Number:** 04-3742781**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAX CO
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202 US**Name and Address of New Registered Agent:**JUNKER, JENNIFER R ESQ.
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 US

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: JENNIFER R. JUNKER

10/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES () Delete
Name: STANLEY, THOMAS B
Address: 1500 WEST WESLEY RD
City-St-Zip: ATLANTA, GA 30327Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DPST (X) Change () Addition
Name: STANLEY, THOMAS B
Address: 1500 WEST WESLEY RD
City-St-Zip: ATLANTA, GA 30327Title: DV () Change (X) Addition
Name: TAYLOR, SUSAN STANLEY
Address: 135 E. MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789Title: DV () Change (X) Addition
Name: TAYLOR, ANDREW B
Address: 211 FIFTEENTH ST NE
City-St-Zip: ATLANTA, GA 30309

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: THOMAS B. STANLEY

DPST

10/15/2009

Electronic Signature of Signing Officer or Director

Date