


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P35560**  
 1. Entity Name  
**STC FRANCHISES COMPANY**



Principal Place of Business      Mailing Address  
**7589 FIRST PL**                      **7589 FIRST PL**  
**OAKWOOD VILLAGE, OH 44146-6711**      **OAKWOOD VILLAGE, OH 44146-6711**

**DO NOT WRITE IN THIS SPACE**



03102006      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>34-1584028</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**5. Name and Address of Current Registered Agent**

**KELER, PAUL E**  
**14240 60TH ST N**  
**CLEARWATER, FL 33760**

**DO NOT WRITE IN THIS SPACE**

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 re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

1000009498647  
 04/08/16-80013-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SUTTON, ALAN J. 7589 FIRST PL OAKWOOD VILLAGE, OH 441466711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, ALAN J. 7589 FIRST PL OAKWOOD VILLAGE, OH 441466711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SUTTON, SUSAN J 7589 FIRST PL OAKWOOD VILLAGE, OH 441466711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Alan J Sutton*      **ALAN J SUTTON PRES**      **3 17 06**      **440-735-1505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #