


FILED
Jun 08, 2007 8:00 am
Secretary of State

05-14-2007 90091 025 ****50.00
06-08-2007 90002 019 ****100.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P37759 1. Entity Name STICKS N STUFF, INC.			
Principal Place of Business 217 HUGHES AVE ATTALLA, AL 35954 US		Mailing Address 2120 16TH AVENUE SOUTH 300 BIRMINGHAM, AL 35205 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
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KELLEY, SAMUEL W 4302 GANDY BLVD TAMPA, FL 33611		7. Name and Address of New Registered Agent Name Samuel W. Kelley Street Address (P.O. Box Number is Not Acceptable) 1212 Whiting Street East #501 City Tampa FL Zip Code 33602	
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 <u>Samuel W. Kelley</u> (NOTE: Registered Agent signature required when reappointing) DATE <u>3/12/07</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 KELLEY, SAMUEL W 2120 16TH AVE SO, #300 BIRMINGHAM, AL 35205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Cheryl Galtney, CPA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/28/07</u> Daytime Phone # <u>939 022-7</u>	