

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2008 08:00 AM
Secretary of State

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**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0905178	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KELLEY, SAMUEL W
1212 WHITING ST EAST
SUITE 501
TAMPA, FL 33602**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000944964
05/23/08-80121-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLEY, SAMUEL W 2120 16TH AVE SO, #300 BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Samuel W. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel W. Kelley 4/28/08 (205)939-0227
Date Daytime Phone #