

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064412

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** STILES OUTDOOR POWER EQUIPMENT, INC.

**Current Principal Place of Business:**

92 MONAHAN DR.  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

92 MONAHAN DR.  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 59-3205135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STILES, A L  
92 MONAHAN DR.  
FT. WALTON BEACH, FL 32547 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STILES, A L  
Address: 211 COSTAKI CT.  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: ST  
Name: STILES, JEANETTE  
Address: 211 COSTAKI COURT  
City-St-Zip: FT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: ALVIN STILES

D

04/23/2012

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

\_\_\_\_\_ Date