

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000063543**

**1. Entity Name**

**STANSELL REALTY, INC.**



**Principal Place of Business**  
**712 LITCHFIELD LANE**  
**DUNEDIN FL 34698**

**Mailing Address**  
**P.O. BOX 7967**  
**CLEARWATER FL 33758**



**1st MOORE CR2E034 (10/04)**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3277162**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

**STANSELL, MAXIE F**  
**712 LITCHFIELD LANE**  
**DUNEDIN FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **STANSELL, MAXIE F**  
**STREET ADDRESS** **P.O. BOX 7967**  
**CITY- ST- ZIP** **CLEARWATER FL 33758**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **STANSELL, JAMES C**  
**STREET ADDRESS** **P.O. BOX 7967**  
**CITY- ST- ZIP** **CLEARWATER FL 33758**

**TITLE** ☐ Change ☐ Addition  
**NAME** **U00000317506**  
**STREET ADDRESS** **04/20/05-80022-003 150.00**  
**CITY- ST- ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **STANSELL, JAMIE**  
**STREET ADDRESS** **54398 AMBER DR**  
**CITY- ST- ZIP** **MACOMB MI 48042**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **BELL, ROBIN S**  
**STREET ADDRESS** **1357 WOODCREST AVE**  
**CITY- ST- ZIP** **CLEARWATER FL 33756**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **PARKER, TAMMY S**  
**STREET ADDRESS** **652 DEXTER DR**  
**CITY- ST- ZIP** **DUNEDIN FL 34698**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **STANSELL, PETER M**  
**STREET ADDRESS** **542 1/2 LEXINGTON ST**  
**CITY- ST- ZIP** **DUNEDIN FL 34698**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Maxie F. Stansell, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-05**  
Date

**(727) 734-3044**  
Telephone #