

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90039 047 \*\*\*150.00

**DOCUMENT # P94000063543**



1. Entity Name

STANSELL REALTY, INC.

Principal Place of Business

Mailing Address

712 LITCHFIELD LANE  
DUNEDIN FL 34698

P.O. BOX 7967  
CLEARWATER FL 33758



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

1st MOORE

CR2E034 (10/07)

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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing... **\$5.00** May Be  
Trust Fund Contribution. ☐ 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  
STREET ADDRESS  
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 D ☒ Change ☐ Addition  
NAME BELL, ROBIN S  
STREET ADDRESS 1357 WOODCREST AVE  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE V ☐ Delete  
NAME STANSELL, TAMMY  
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 exemptions contained in Section 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: *Maxie F. Stansell, Vice-President* 4-9-08

(727) 734-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exempt From #