## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000063543

Entity Name: STANSELL REALTY, INC.

FILED Mar 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 712 LITCHFIELD LANE DUNEDIN, FL 34698 **Current Mailing Address: New Mailing Address:** P.O. BOX 7967 CLEARWATER, FL 33758 FEI Number: 59-3277162 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STANSELL, MAXIE F 712 LITCHFIELD LANE DUNEDIN, FL 34698 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition STANSELL, MAXIE F Name: Name: P.O. BOX 7967 Address: Address: City-St-Zip: CLEARWATER, FL 33758 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: STANSELL, JAMES C Name: P.O. BOX 7967 Address: Address: CLEARWATER, FL 33758 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition STANSELL, JAMIE Name: Name: 54398 AMBER DR Address: Address: City-St-Zip: MACOMB, MI 48042 City-St-Zip: Title: () Delete Title: () Change () Addition BELL, ROBIN S Name: Name: Address: 1357 WOODCREST AVE Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: Title: () Delete () Change () Addition STANSELL, TAMMY Name: Name: 652 DEXTER DR Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: STANSELL, PETER M Name: Address: 542 1/2 LEXINGTON ST Address: City-St-Zip: City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAXIE F. STANSELL D 03/15/2009