2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000001432

1. Entity Name STU'S STUFF, INC.



FILED May 04, 2007 08:00 A Secretary of State

Principal Place of Business

6360 SOUTH LIMA AVENUE HOMOSASSA, FL 34446 US Mailing Address

6360 SOUTH LIMA AVENUE HOMOSASSA, FL 34446 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 59-3291781 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

No Chg-P

05012007

Fee Required

CR2E034 (11/05)

STUDEN, RONALD W 6360 SOUTH LIMA AVENUE

DO NOT WRITE HOMOSASSA, FL 34446 IN THIS SPACE

| | | | | 114 | THO OF ACE |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------|-------------------|--------------------------------|-------------------------------------------------------------|
| 8. The above the obligati | named entity submits this statement for the pons of registered agent. | ourpose of changing its registere | ed office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered | | | d Agent signature | e required when reinstaling) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | icing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | et. | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT STUDEN, RONALD W 6360 S LIMA AVENUE HOMOSASSA, FL 34446 | | | | <u> </u> |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | | 05/25/07-80039-014 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ** | | DO | NOT WRITE |
| TAILE NAME STREET ADDRESS CITY+ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS City-St-Zip | | | | | |
| TITLE 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 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.