



FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000017355				Mar 24, 2008 08:00	
1. Entity Name THE STC SOLUTION, INC.				Secretary of State	
Principal Place of Business 11626 DRIVER LANE SPRING HILL, FL 34610 US		Mailing Address 11626 DRIVER LANE SPRING HILL, FL 34610 US			
DO NOT WRITE IN THIS SPACE				03212008 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0698125	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIURTINO, JOEL F 11626 DRIVER LANE SPRING HILL, FL 34610				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		DATE 04/09/08-80002-003 150.00	
		5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P GIURTINO, JOEL F 11626 DRIVER LANE SPRING HILL, FL 34610			
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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.					
SIGNATURE: _____		3/21/08		813 235 9315	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	