


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000036854		
1. Entity Name STINGRAY'S II, INC.		

Principal Place of Business 100 EAST OHIO AVENUE DELAND, FL 32724	Mailing Address 100 EAST OHIO AVENUE DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3374133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCNEELEY, RONALD W
100 EAST OHIO AVENUE
DELAND, FL 32724**

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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 _____ (NOTE: Registered Agent signature required when re/instating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000507578 04/27/06 80069-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEELEY, RONALD W 100 EAST OHIO AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEELEY, RONALD W. 100 EAST OHIO AVE. DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RONALD W. MCNEELEY 100 E. OHIO AVE. DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNEELEY, RONALD C. 100 E. OHIO AVE. DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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: Ronald W. McNeely Ronald W. McNeely **4-10-06** **386-715-4599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #