2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000038334

1. Entity Name
STACKS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6403 109 AVE N	6403 109 AVE N
PINELLAS PARK, FL 33782 US	PINELLAS PARK, FL 33782 US

DO NOT WRITE IN THIS SPACE

03142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3377124	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STACKS, GARY
6403 109 AVE N
PINELLAS PARK, FL 33782

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000271499 03/21/05-80043-015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	STACKS, GARY
STREET ADDRESS	6403 109 AVE N
CITY-ST-ZIP	PINELLAS PARK, FL

TITLE	D
NAME	STACKS, GLADYS
STREET ADDRESS	6403 109 AVE N
CITY-ST-ZIP	PINELLAS PARK, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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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 exemption stated in Section 119.07(3)(i), 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: _Gary Stacks_ GARY STACKS   3-17-05

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