


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000094206		
1. Entity Name STILLWATER LAND & LUMBER, INC.		
Principal Place of Business P.O BOX 2178 MARCO ISLAND, FL 34146 US		Mailing Address C/O CHARDE PO BOX 1488 MARCO ISLAND, FL 34146 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MC LAUGHLIN, STEVE 1112 1/2 N. COLLIER BLVD. MARCO ISLAND, FL 34145		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 reinstating)</small> 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
10. OFFICERS AND DIRECTORS		
TITLE	PST	
NAME	MC LAUGHLIN, STEVE	
STREET ADDRESS	PO BOX 2178	
CITY - ST - ZIP	MARCO ISLAND, FL 34146	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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.		
SIGNATURE: <u>Steve McLaughlin</u> <u>4/25/06</u> <u>239-642-9977</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3412462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/09/06-80005-013 150.00

**DO NOT WRITE
IN THIS SPACE**