2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# P97000003789

Entity Name: STICKS & STONES DIST., INC.

Current Principal Place of Business:

888 NORTH COUNTY ROAD 393
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

888 NORTH COUNTY ROAD 393
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3431978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAVER, MELANIE
888 NORTH COUNTY ROAD 393
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MELANIE SHAVER,
Address: 888 N COUNTY RD 393
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: V ( ) Delete
Name: GENE SHAVER,
Address: 888 N COUNTY RD 393
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: S ( ) Delete
Name: SHAVER, GARRETT
Address: 888 N COUNTY RD 393
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: T ( ) Delete
Name: SHAVER, JUSTIN
Address: 888 N COUNTY RD 393
City-St-Zip: SANTA ROSA BCH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: MELANIE SHAVER,
Address: 888 N COUNTY RD 393
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: P (X) Change ( ) Addition
Name: GENE SHAVER,
Address: 888 N COUNTY RD 393
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: T (X) Change ( ) Addition
Name: SHAVER, GARRETT
Address: 888 N COUNTY RD 393
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: V (X) Change ( ) Addition
Name: SHAVER, JUSTIN
Address: 888 N COUNTY RD 393
City-St-Zip: SANTA ROSA BCH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE SHAVER RA 02/27/2006
Electronic Signature of Signing Officer or Director Date