2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000028830

1. Entity Name
STACO ENERGY CORPORATION



FILED Feb 09, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8820 BAY VILLA COURT STE 165 ORLANDO, FL 32836 9507 BOYCE AVENUE ORLANDO, FL 32824



01092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3444746

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNIN, SCOTT D 6504 SAINT PARTIN PLACE ORLANDO, FL 32812

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | urpose of changing its regist | ered office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
|---|--|---|----------------------|----------------------------|--|
| SIGNATURE. | Signature, typed or orinted name of registered agent and title i | spolicable (NOTE Regist | ered Agent signature | required when reinstating) | DATE |
| FiLE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TRILE NAME STRELT ADDRESS CRIY-SI-ZIP | V BENNIN, ANGELA 8820 BAY VILLA COURT STE 165 ORLANDO, FL 32836 | | | | Unnggo0744066 02/11/04-80006-013 158.75 |
| THE NAME STREET ADDRESS CHY-SI-ZIP | P BENNIN, SCOTT D 6504 SAINT PARTIN PLACE ORLANDO, FL 32812 | | | | |
| HTLE NAME STREET ADDRESS CITY-ST-ZIP | ST BENNIN, JENNIFER 6504 SAINT PARTIN PLACE ORLANDO, FL 32812 | | | DO | NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CRY ST-ZIP | | | | | |
| TIFLE NAME STREET ADDRESS CHY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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. | | | | | |