

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000028830	
1. Entity Name STACO ENERGY CORPORATION	
Principal Place of Business 8820 BAY VILLA COURT STE 165 ORLANDO, FL 32836	Mailing Address 9507 BOYCE AVENUE ORLANDO, FL 32824



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3444746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENNIN, SCOTT D 6504 SAINT PARTIN PLACE ORLANDO, FL 32812	DO NOT WRITE IN THIS SPACE
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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 fee 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNIN, ANGELA 8820 BAY VILLA COURT STE 165 ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNIN, SCOTT D 6504 SAINT PARTIN PLACE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENNIN, JENNIFER 6504 SAINT PARTIN PLACE ORLANDO, FL 32812
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03/25/05-80006-008 158.75

**DO NOT WRITE
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)(f), 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: *Jennifer Benner* 3-22-05 407-859-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #