

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 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**



02242006

No Chg-P

CR2E034 (11/05)

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**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE	V
NAME	BENNIN, ANGELA
STREET ADDRESS	8820 BAY VILLA COURT STE 165
CITY- ST- ZIP	ORLANDO, FL 32836
TITLE	P
NAME	BENNIN, SCOTT D
STREET ADDRESS	6504 SAINT PARTIN PLACE
CITY- ST- ZIP	ORLANDO, FL 32812
TITLE	ST
NAME	BENNIN, JENNIFER
STREET ADDRESS	6504 SAINT PARTIN PLACE
CITY- ST- ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

100001451587  
03/10/06-00060-005 158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/24/06 407-859-8485