

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000028830

1. Entity Name
STACO ENERGY CORPORATION



Principal Place of Business
6504 ST PARTIN PL
ORLANDO, FL 32812

Mailing Address
9507 BOYCE AVENUE
ORLANDO, FL 32824

2. Principal Place of Business - No P.O. Box #
5867 Cove Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32812

City & State

Zip
Country

Country



02042008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name Scott D. Bennin

Street Address (P.O. Box Number is Not Acceptable)

5867 Cove Drive
Orlando

FL Zip Code 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME BENNIN, SCOTT D
STREET ADDRESS 6504 SAINT PARTIN PLACE
CITY-ST-ZIP ORLANDO, FL 32812

TITLE P
NAME BENNIN, SCOTT D
STREET ADDRESS 5867 Cove Drive
CITY-ST-ZIP Orlando, FL 32812

Change Addition

TITLE ST Delete
NAME BENNIN, JENNIFER
STREET ADDRESS 6504 SAINT PARTIN PLACE
CITY-ST-ZIP ORLANDO, FL 32812

TITLE ST Delete
NAME BENNIN, JENNIFER
STREET ADDRESS 5867 Cove Drive
CITY-ST-ZIP Orlando, FL 32812

Change Addition

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

Change Addition

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
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CITY-ST-ZIP Delete

Change Addition

TITLE Delete
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CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

Change Addition

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

Change Addition

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: Scott D. Bennin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 407-859-8485
Date Daytime Phone #