2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066959

Entity Name: STOCKTON INDUSTRIES, INC.

FILED Feb 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6227 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34653

Current Mailing Address: New Mailing Address:

PO BOX 0397 NEW PORT RICHEY, FL 34656

FEI Number: 59-3463412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STOCKTON, CHARLOTTE STOCKTON SLONE, CHARLYNN
PO BOX 0397
NEW PORT RICHEY, FL 34646 US STOCKTON SLONE, CHARLYNN
6227 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34653 US

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: CHARLYNN STOCKTON SLONE 02/06/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: STOCKTON, CHARLOTTE Name: STOCKTON SLONE, CHARLYNN

Address: PO BOX 0397 Address: PO BOX 0397

City-St-Zip: NEW PORT RICHEY, FL 34656 City-St-Zip: NEW PORT RICHEY, FL 34656

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: CHARLYNN STOCKTON SLONE PRES 02/06/2007

Electronic Signature of Signing Officer or Director

Date