
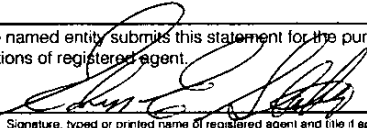
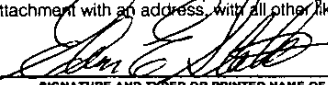


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90199 004 ***150.00

DOCUMENT # P97000074727					
1. Entity Name STOKES CONSTRUCTION, INC.					
Principal Place of Business 6025 E. TURNER CAMP ROAD INVERNESS, FL 34453 US			Mailing Address 6025 E. TURNER CAMP ROAD INVERNESS, FL 34453 US		
2. Principal Place of Business - No P.O. Box # 9562 E. BRIAR CT.		3. Mailing Address 9562 E. BRIAR CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INVERNESS, FL		City & State INVERNESS, FL		4. FEI Number 59-3466758	
Zip 34453		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAGGS, HEATHER L 6025 E. TURNER CAMP ROAD INVERNESS, FL 34453			7. Name and Address of New Registered Agent Name EDWIN E. STOKES Street Address (P.O. Box Number is Not Acceptable) 9562 E. BRIAR CT. City INVERNESS FL Zip Code 34453		
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 		EDWIN E. STOKES		4-17-07	
Signature, typed or printed name of registered agent and file if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STOKES, EDWIN E 9562 E. BRIAR COURT INVERNESS, FL 34453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		EDWIN E. STOKES		4-17-07 (352) 726-9919	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	