


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 08:00 A
Secretary of State

DOCUMENT # P98000053876	
1. Entity Name STUFF BUSTERS, INC.	

Principal Place of Business 501 N EGLIN PKWY FORT WALTON BEACH, FL 32547	Mailing Address 501 N EGLIN PKWY FORT WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3518952	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POLK, JOHN B 119 ELOISE PLACE CRESTVIEW, FL 32536
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IN THIS SPACE

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TERRELL, GLENDA A 195 VIRGINIA STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POLK, JOHN B 119 ELOISE PLACE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T POLK, MARSHALL B 195 VIRGINIA STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/05/07-80033-005 150.00

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: *Glenda Terrell* *Glenda Terrell* 3-28-07 8632511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #