2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000057812

1. Entity Name

STODDARD REALTY MANAGEMENT GROUP II., INC.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

2925 PGA BLVD

SUITE 101

PALM BEACH GARDENS, FL 33410 L

Mailing Address

2925 PGA BOULEVARD

SUITE 101

PALM BEACH GARDENS, FL 33410



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02092007 No Chg-P CR2E

CR2E034 (11/05)

4. FEI Number 65-0846687 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STODDARD, BATES F 2925 PGA BLVD SUITE 101 PALM BEACH GARDENS, FL 33410

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The above named entity submits this statement for the the obligations of registered agent.	purpose of cha	inging its registered office of	or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and till	le if applicable	(NOTE: Registered Agent sign	Sture required when reinstating)	DATE
ELLE NOWILL FEE 10 \$450.00	9. Election	n Campaign Financing	\$5.00 Nov. Bo	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS DP TITLE NAME STODDARD, BATES F STREET ADDRESS 2925 PGA BLVD, STE 101 CITY-ST-7IP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME, STREET ANDRESS CITY-ST-ZIP

...: U00000679864 -04/03/07-80054-024 150.00

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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 exposure the 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 life empowered.

SIGNATURE:

THE OF HIS ACT NAME OF SKINING OFFICER OR DIRECTO

JUSO)

Daytime Phone #