2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074478

Entity Name: STACK, INC.

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	LIPS HWY. IVILLE, FL 322	207	·		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	AL CREST DF IVILLE, FL 322				
FEI Number	: 59-3532113	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
	ANTA C LIPS HIGHWA IVILLE, FL 322				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (PATEL, KANTA 3558 PHILLIPS JACKSONVILL	HIGHWAY	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D (PATEL, TARAK 3558 PHILLIPS JACKSONVILL	HIGHWAY	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ST (PATEL, CHAMI 3558 PHILLIPS JACKSONVILL	HIGHWAY	Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHAMPAKLAL D PATEL ST 01/13/2005