

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

02-27-2006 90106 032 ***150.00

DOCUMENT # P98000087660 1. Entity Name STUMP ELIMINATOR, INC.																																																																																																																																																			
Principal Place of Business 2102 ST. CROIX AVENUE FORT MYERS, FL 33905		Mailing Address 2102 ST. CROIX AVENUE FORT MYERS, FL 33905																																																																																																																																																	
2. Principal Place of Business 2102 ST CROIX AVE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 50157 Suite, Apt. #, etc.																																																																																																																																																	
City & State FT. MYERS, FL Zip 33905		City & State Fort Myers, FL Zip 33994																																																																																																																																																	
Country USA		Country USA																																																																																																																																																	
4. FEI Number 65-0893164		Applied For ☐ Not Applicable																																																																																																																																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent SHARP, RICHARD 2102 ST. CROIX AVENUE FORT MYERS, FL 33905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																	
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: <u><i>Richard Sharp</i></u> 2-17-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE																																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SHARP, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2102 ST. CROIX AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33905</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table>				TITLE	D	☐ Delete	NAME	SHARP, RICHARD		STREET ADDRESS	2102 ST. CROIX AVENUE		CITY-ST-ZIP	FORT MYERS, FL 33905					TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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: <u><i>Richard Sharp</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3-27-06</u> <u>President</u> Daytime Phone #																																																																																																																																																	