# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2008**
**Secretary of State**

DOCUMENT# P98000102632

**Entity Name:** STOCKDR.COM INCORPORATED

**Current Principal Place of Business:**

1110 DOUGLAS AVENUE
SUITE 2000
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

705 WEST STATE ROAD
SUITE D
LONGWOOD, FL 32750 US

**Current Mailing Address:**

PO BOX 430
PLYMOUTH, FL 32768 US

**New Mailing Address:**

PO BOX 161844
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number: 59-3546335** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPC ( ) Delete
Name: SILER, LEE
Address: PO BOX 430
City-St-Zip: PLYMOUTH, FL 32768 US

Title: S ( ) Delete
Name: BUTTON, PATRICIA
Address: PO BOX 430
City-St-Zip: PLYMOUTH, FL 32768

Title: D ( ) Delete
Name: SUTTON, ALBERT DR.
Address: 7660 GRANVILLE DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete
Name: BORNSTEIN, MARK DR.
Address: 575 PALMER AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Delete
Name: MACMILLAN, DONALD B
Address: 115 UNIVERSITY CIRCLE
City-St-Zip: LINCOLN UNIVERSITY, PA 19352 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPC (X) Change ( ) Addition
Name: SILER, LEE
Address: PO BOX 161844
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: S (X) Change ( ) Addition
Name: BUTTON, PATRICIA
Address: PO BOX 161844
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA BUTTON S 04/21/2008
Electronic Signature of Signing Officer or Director Date