


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Aug 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000006518</b>	
1. Entity Name <b>STILLWATER DEVELOPMENT CORP.</b>	

Principal Place of Business <b>1200 BUFFING CIRCLE SE PALM BAY, FL 32909</b>	Mailing Address <b>1200 BUFFING CIRCLE SE PALM BAY, FL 32909</b>
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07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3561928</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BUTINSKY, CRAIG 1200 BUFFING CIRCLE SE PALM BAY, FL 32909</b>
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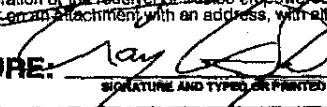
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>08/11/05-80004-005 150.00</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARSON, GERALD 1215 HIAWATHA ST MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS AUDET, KEN 2626 VINING ST. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRY, EUGENE 792 AUTUMN ST., S.E. PALM BAY, FL 329094903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, MARK 7079 VILLA ESTELLE DR. ORLANDO, FL 328195247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or as an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <b>Craig Butinsky</b> <b>PRESIDENT</b> <b>8/04/05</b> <b>321-729-2466</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>