

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

50012486

DOCUMENT # P99000030393			
1. Entity Name STF FLORIDA, INC.			
Principal Place of Business 1050 RINGLING BLVD. SARASOTA, FL 34236		Mailing Address 1050 RINGLING BLVD. SARASOTA, FL 34236	
2. Principal Place of Business 1990 MAIN STREET Suite, Apt. #, etc. SUITE 801 City & State SARASOTA, FL Zip 34236 Country USA		3. Mailing Address 1990 MAIN STREET Suite, Apt. #, etc. SUITE 801 City & State SARASOTA, FL Zip 34236 Country USA	
04042006 Chg-P CR2E034 (11/05)		4. FEI Number 65-0961785	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GLENDINNING, RENE A 1050 RINGLING BLVD. SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET Suite 801 City SARASOTA FL Zip Code 34236	
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: _____ (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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D FOXALL, STANLEY T 1050 RINGLING BLVD. SARASOTA, FL 34236	☐ Delete	☒ Change ☐ Addition 1990 Main Street, #801 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MOORE, MICHAEL 1858 RINGLING BLVD. SARASOTA, FL 34236	☒ Delete	☐ Change ☒ Addition Stone-Williams, Lewis 1990 Main Street, #801 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S GLENDINNING, RENE A M 1050 RINGLING BLVD. SARASOTA, FL 34236	☐ Delete	☒ Change ☐ Addition 1990 Main Street, #801 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
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>S. Foxall</u> <u>S.T. FOXALL</u> <u>11th April, 2006</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			