

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040223

Entity Name: STAT SOLUTIONS, INC.

FILED  
Apr 11, 2008  
Secretary of State

**Current Principal Place of Business:**

6227 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 0397  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

FEI Number: 59-3574373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STOCKTON SLONE, CHARLYNN S  
6227 TROUBLE CREEK  
NEW PORT RICHEY, FL 34653 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: PSTD ( ) Delete  
Name: STOCKTON SLONE, CHARLYNN S  
Address: PO BOX 0397  
City-St-Zip: NEW PORT RICHEY, FL 34656

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

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: CHARLYNN STOCKTON-SLONE

PSTD

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date