

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040223

Entity Name: STAT SOLUTIONS, INC.

FILED
Mar 26, 2009
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

P

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date