2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# P99000058673

Entity Name: STATT ENTERPRISES, INC.

Current Principal Place of Business:

7530 MARYLAND AVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

304 GROVEDIERE LANE
HAMPSTEAD, NC 28443

New Mailing Address:

8208 MAINSAIL LANE
WILMINGTON, NC 28412

FEI Number: 56-2155417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPARR, PATRICIA
7530 MARYLAND AVE.
HUDSON, FL 34667 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: P ( ) Delete
Name: SWINEY, THOMAS E
Address: 8208 MAINSAIL LANE
City-St-Zip: WILMINGTON, NC 28412

Title: V ( ) Delete
Name: SWINEY, SHARON D
Address: 8208 MAINSAIL LANE
City-St-Zip: WILMINGTON, NC 28412

Title: S ( ) Delete
Name: FIZER, APRIL D
Address: 922 CAROLINA SANDS DR
City-St-Zip: CAROLINA BEACH, NC 28428

Title: T ( ) Delete
Name: FIZER, TIMOTHY
Address: 922 CAROLINA SANDS DR
City-St-Zip: CAROLINA BEACH, NC 28428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS E SWINEY P 03/28/2009
Electronic Signature of Signing Officer or Director Date