

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 8:00 am
Secretary of State

01-25-2005 90025 044 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P99000059092					
1. Entity Name STANBROUGH CORPORATION					
Principal Place of Business 702 SNUG ISLAND CLEARWATER FL 33767			Mailing Address 702 SNUG ISLAND CLEARWATER FL 33767		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3602436	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STANBROUGH, GENE W 702 SNUG ISLAND CLEARWATER FL 33767			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: <u><i>Gene W Stanbrough Pres</i></u> DATE: <u>1-19-05</u>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	STANBROUGH, GENE W		NAME		
STREET ADDRESS	702 SNUG ISLAND		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 33767		CITY - ST - ZIP		
TITLE	VPS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	STANBROUGH, ETHEL M		NAME		
STREET ADDRESS	702 SNUG ISLAND		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 33767		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
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CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 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><i>Gene W Stanbrough Pres</i></u> DATE: <u>2-22-05</u> DAYTIME PHONE: <u>727-445-9465</u>					
Signature and typed or printed name of signing officer or director					