## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 15, 2006 8:00 am **Secretary of State** DOCUMENT # P99000059092 1. Entity Name 02-15-2006 90048 026 \*\*\*150.00 STANBROUGH CORPORATION Principal Place of Business Mailing Address 702 SNUG ISLAND CLEARWATER FL 33767 702 SNUG ISLAND VERO BEACH, FL, 32966 2. Principal Place of Business 3. Mailing Address 1690 STONE WALL SAME Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3602436 VEROBEACH .FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32966 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANBROUGH, GENE W 702 SNUG ISLAND 1690 STONEWALL DR Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33767 VERO BEACH, FL, 32966 -Zip Code-\_City\_ 8. The above named entity submits this slatement 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 registered agent. 1-31-06 DATE (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition STANBROUGH, GENE W. 1690STONEWALL DR NAME STANBROUGH, GENE W NAME STREET ADDRESS STREÉT ADDRESS 702 SNUG ISLAND CITY-ST-7IP VERO BEACH, FL 32966 CITY-ST-ZIP **CLEARWATER FL 33767** ☐ Delete Change TITLE TITLE ☐ Addition STANBROUGH, ETHEL M. 1690 STONEWALL DR. NAME NAME STANBROUGH, ETHEL M STREET ADDRESS STREET ADDRESS 702 SNUG ISLAND VERO BEACH, FL, 32966. CITY-ST-ZIP **CLEARWATER FL 33767** City-St-7/P ☐ Change ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attacking the statutes and that my name appears in Block 10 or Block 11 is changed, or on an attacking the statutes and that my name appears in Block 10 or Block 11 is changed.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06

772-178-9250

Daytime Phone #

FILED