

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90094 036 ***150.00

DOCUMENT # P99000059092

1. Entity Name

STANBROUGH CORPORATION



Principal Place of Business

1214 CYPRESS POINT E.
WINTER HAVEN FL 33884

Mailing Address

1214 CYPRESS POINT E.
WINTER HAVEN FL 33884



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

GENE W. STANBROUGH

Street Address (P.O. Box Number is Not Acceptable)

1214 CYPRESS POINT E.

City

WINTER HAVEN

FL

Zip Code

33884

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

Gene W. Stanbrough

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	<input checked="" type="checkbox"/> Delete
NAME	STANBROUGH, GENE W	
STREET ADDRESS	1690 STONEWALL DR	
CITY - ST - ZIP	VERO BEACH FL 32966	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	STANBROUGH, ETHEL M	
STREET ADDRESS	1690 STONEWALL DR.	
CITY - ST - ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE W. STANBROUGH	
STREET ADDRESS	1214 CYPRESS POINT E.	
CITY - ST - ZIP	WINTER HAVEN, FL 33884	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANBROUGH, ETHEL M.	
STREET ADDRESS	1214 CYPRESS POINT E.	
CITY - ST - ZIP	WINTER HAVEN, FL, 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE:

Gene W. Stanbrough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07 863-324-2719

Date

Daytime Phone #