

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90217 039 \*\*\*150.00

**DOCUMENT # P99000102209**

1. Entity Name  
**STANKIN RICH RECORDS, INC.**



Principal Place of Business  
**3410 FOXCROFT ROAD  
SUITE 305  
MIRAMAR, FL 33025**

Mailing Address  
**3410 FOXCROFT ROAD  
SUITE 305  
MIRAMAR, FL 33025**



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

**800 PINE RIDGE BND**

3. Mailing Address

**800 PINE RIDGE BND**

Suite, Apt. #, etc.

**STONE MOUNTAIN GA**

Suite, Apt. #, etc.

**STONE MOUNTAIN GA**

City & State

City & State

**STONE MOUNTAIN GA**

Zip  
**30087**

Country  
**SEKALB**

Zip  
**30087**

Country  
**SEKALB**

04172007

Chg-P

CR2E034 (12/06)

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KARRAN, MARSHALLDA  
3410 FOXCROFT ROAD  
SUITE 305  
MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> Delete
NAME	THOMAS JR, ROBERT	
STREET ADDRESS	3410 FOXCROFT RD #305	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	O	<input type="checkbox"/> Delete
NAME	THOMAS, ANDRE J	
STREET ADDRESS	3410 FOXCROFT RD #305	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	THOMAS, ANDRE	
STREET ADDRESS	3410 FOXCROFT RD.	
CITY-ST-ZIP	MIRAMAR, FL 33025	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>800 PINE Ridge Bnd STONE Mountain</b>
CITY-ST-ZIP	<b>GA. 30087</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>800 PINE Ridge BND STONE Mountain</b>
CITY-ST-ZIP	<b>GA 30087</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>800 PINE Ridge Bnd STONE Mountain</b>
CITY-ST-ZIP	<b>GA 30087</b>
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Robert Thomas Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/07**

**678-206-528**  
Date Daytime Phone #