2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 21, 2008 08:00 Al DOCUMENT # S39574 **Secretary of State** 1. Entity Name G & S STOKES, INC. Principal Place of Business Mailing Address 613 EAST INDIANA AVENUE 613 EAST INDIANA AVENUE DELAND, FL 32724 DELAND, FL 32724 CR2E034 (11/05) 02062008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3061091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STOKES, GEORGE E. DO NOT WRITE 613 EAST INDIANA AVENUE IN THIS SPACE DELAND, FL 32724 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) U000000833777 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 92/28/08-80025-015 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE STOKES, GEORGE E NAME 613 E INDIANA AVE STREET ADDRESS CITY - ST - ZIP DELAND, FL VS STOKES, SANDRA E STREET ADDRESS 613 E INDIANA AVE CITY - ST - ZIP DELAND, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 eath; 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: _.

NAME STREET ADDRESS CITY-ST-ZIP

GIEORGIEES HONES 2-15-08