



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # S74270			
1. Entity Name STMS, INC.			
Principal Place of Business 250 N BELCHER #100 CLEARWATER, FL 33765		Mailing Address 250 N BELCHER #100 CLEARWATER, FL 33765	
DO NOT WRITE IN THIS SPACE			
		01082007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3082650	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGLANDER, LEONARD S. 6666 - 22ND AVENUE NORTH 5959 CENTRAL AVENUE, SUITE 201 ST. PETERSBURG, FL 33710		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STROSS, JOHN E 3010 82ND WAY N SAINT PETERSBURG, FL 33710		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MARSTON, R. MICHAEL 250 N BELCHER #100 CLEARWATER, FL 33765		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SPENCE, ROBERT 250 N BELCHER #100 CLEARWATER, FL 33765		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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: <u><i>R. Michael Marston</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/9/07</u>	Daytime Phone #