

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S96623

FILED
Apr 25, 2005
Secretary of State

Entity Name: STACO EQUIPMENT SERVICES, INC.

Current Principal Place of Business:

4267 ONDICH RD.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

PO BOX 160715
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-3101815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLINGS, EUCELL
4267 ONDICH RD.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STALLINGS, EUCELL,
Address: 4267 ONDICH RD.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: STALLINGS, DONA,
Address: 4267 ONDICH RD
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: STALLINGS, CHARLES
Address: 4255 ONDICH RD.
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: STALLINGS, EUCELL
Address: 801 LONGWOOD-MARKHAM RD.
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: REDMOND, KIMBERLY S
Address: 3255 DELBROOK DR.
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONA STALLINGS

D

04/25/2005

Electronic Signature of Signing Officer or Director

Date