2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # S96623

1. Entity Name
STACO EQUIPMENT SERVICES, INC.

Principal Place of Business	Mailing Address
4267 ONDICH RD. APOPKA, FL 32712	PO BOX 160715 ALTAMONTE SPRINGS, FL 32716

DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3101815
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STALLINGS, EUELL
4267 ONDICH RD.
APOPKA, FL 32712

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000507594
04/27/06-80070-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STALLINGS, EUELL
STREET ADDRESS	4267 ONDICH RD.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	STALLINGS, DONA
STREET ADDRESS	4267 ONDICH RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	V
NAME	STALLINGS, CHARLES
STREET ADDRESS	4255 ONDICH RD.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	V
NAME	STALLINGS, EUELL
STREET ADDRESS	801 LONGWOOD-MARKHAM RD.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	S
NAME	REDMOND, KIMBERLY S
STREET ADDRESS	3255 DELBROOK DR.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Euell Stallings 4-11-06 407-884-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #