


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # S96623 1. Entity Name STACO EQUIPMENT SERVICES, INC.	
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Principal Place of Business 4267 ONDICH RD. APOPKA, FL 32712	Mailing Address PO BOX 160715 ALTAMONTE SPRINGS, FL 32716
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3101815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STALLINGS, EUELL
4267 ONDICH RD.
APOPKA, FL 32712**

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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 _____
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 \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U000000706033
04/24/07-80019-002 150.00

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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 (Euell Stallings) 4-12-07 407-884-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #