

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90267 024 \*\*\*150.00

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01242006 Chg-P CR2E034 (11/05)

DOCUMENT # V44516	
1. Entity Name STALLWORTH DEVELOPMENT, INC.	



Principal Place of Business 185 GRAND BLVD DESTIN, FL 32550 US	Mailing Address 185 GRAND BLVD 630 GRAND BLVD., STE. 100 DESTIN, FL 32550 US
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2. Principal Place of Business 185 Grand Blvd Suite, Apt. #, etc. Ste 100 City & State Sandestin, FL Zip 32550 Country US	3. Mailing Address 185 Grand Blvd Suite, Apt. #, etc. Ste 100 City & State Sandestin FL Zip 32550 Country US
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6. Name and Address of Current Registered Agent KEITH, HOWARD J 185 GRAND BLVD MIRAMAR BEACH, FL 32550	
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS HOWARD, JAMES KEITH 185 GRAND BLVD MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Keith Howard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/1-06</u> <small>Date</small>	Daytime Phone # <u>850. 837. 1886</u> <small>Daytime Phone #</small>
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