

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000080228

Entity Name: STAMBAUGH, INC.**Current Principal Place of Business:**500 ORCHID SPRINGS DRIVE
WINTER HAVEN, FL 33884**Current Mailing Address:**500 ORCHID SPRINGS DRIVE
WINTER HAVEN, FL 33884 US**FEI Number:** 65-1155659**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAMBAUGH, TAUN
500 ORCHID SPRINGS DRIVE
WINTER HAVEN, FL 33884 US*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**Officer/Director Detail :**

Title	D
Name	STAMBAUGH, HAROLD
Address	500 ORCHID SPRINGS DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	P
Name	STAMBAUGH, TAUN
Address	500 ORCHID SPRINGS DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	S/T
Name	STAMBAUGH, TY
Address	500 ORCHID SPRINGS DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	D
Name	SCHROEDER, TANISHA
Address	500 ORCHID SPRINGS DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	SCHROEDER, KARL
Address	500 ORCHID SPRINGS DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

I hereby 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 all other like empowered.

SIGNATURE: KARL SCHROEDER**DIRECTOR****04/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date