


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 334324 1. Entity Name STINSON ENTERPRISES, INC.	
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Principal Place of Business 2188 E SEMORAN BLVD APOPKA, FL 32703	Mailing Address 2188 E SEMORAN BLVD APOPKA, FL 32703
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04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1238362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STINSON, A. M. JR
5204 HEDGE COURT
ORLANDO, FL

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000120575 04/20/04-80016-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STINSON, PATRICIA K 5204 HEDGE COURT ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB STINSON, ALTON M, JR 52041 HEDGE COURT ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KINSLEY, JERRY 517 HARBOUR ISLAND DR ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P A.M. STINSON 111 2436 MIKLER ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Alton M Stinson III Date: 4-14-04 Daytime Phone #: 407-889-4128

Alton M Stinson III