## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 02, 2005 08:00 AM Secretary of State DOCUMENT # H85693 1. Entity Name MERIL STUMBERGER, INC. Principal Place of Business Mailing Address 11390 SLAND LAKES LANE 11390 ISLAND LAKES LANE BOCA RATON FL 33498 BOCA RATON FL 33498 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2618097 Not Applicable Zip Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STUMBERGER, MERIL 11390 ISLAND LAKES LANE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** 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. | 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE ☐ Delete HILL Change Addition U00000210074 STUMBERGER, MERIL MAME NAME 02/02/05-80066-001 150.00 STREET ADDRESS 11390 ISLAND LAKES LANE STREET ADDRESS **BOCA RATON FL 33498** OF r - S1 - 719 City-St-219 HINF ☐ Delete 11111 ☐ Change Addition NAME NAME STREET ADDRESS SIRFEL ADDRESS CHY-SI-7P CITY-ST-JIP 1611 ☐ Delete HILL Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-70P alle Delete TITLE ☐ Change Addition NAMI: NAME SIRE LADORESS STREET ADDRESS CHY SI-ZIP CHY-ST-ZE IIII ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST-78P 16813 Delete HILE ☐ Change Addition HALA NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**FILED**