

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # H85693 1. Entity Name MERIL STUMBERGER, INC.																							
Principal Place of Business 11390 ISLAND LAKES LANE BOCA RATON FL 33498			Mailing Address 11390 ISLAND LAKES LANE BOCA RATON FL 33498																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State		City & State		4. FEI Number 59-2618097 ☐ Applied For ☒ Not Applicable																			
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent STUMBERGER, MERIL 11390 ISLAND LAKES LANE BOCA RATON FL 33428				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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STUMBERGER, MERIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>11390 ISLAND LAKES LANE BOCA RATON FL 33498</td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	STREET ADDRESS	STUMBERGER, MERIL		CITY-ST-ZIP	11390 ISLAND LAKES LANE BOCA RATON FL 33498		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U00000806729</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>02/06/08-30053-017 150.00</td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	U00000806729		CITY-ST-ZIP	02/06/08-30053-017 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Meril Stumberger 1-29-08 561-213-2067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #