


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90010 015 ***150.00

DOCUMENT # P03000060767

1. Entity Name:
STELLAR INFORMATION TECHNOLOGY SOLUTIONS INCORPORATED




Principal Place of Business: **1065 RED BUD CIRCLE, ROCKLEDGE, FL 32955**

Mailing Address: **1065 RED BUD CIRCLE, ROCKLEDGE, FL 32955**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip: Country:



02132004 Chg-P CR2E034 (10/03)

4. FEI Number: **20-0034462** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required!**

6. Name and Address of Current Registered Agent

MACIAG, PETER K SR
1065 RED BUD CIRCLE
ROCKLEDGE, FL 32955

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing: **\$5.00 May Be Added to Fees**

Trust Fund Contribution:

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE: PD	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PELLECCHIA, NANCY E CEO		NAME:	
STREET ADDRESS: 1065 RED BUD CIRCLE		STREET ADDRESS:	
CITY-ST-ZIP: ROCKLEDGE, FL 32955		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MACIAG, PETER K SR		NAME:	
STREET ADDRESS: 1065 RED BUD CIRCLE		STREET ADDRESS:	
CITY-ST-ZIP: ROCKLEDGE, FL 32955		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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: *Peter K Maciag Sr* **PETER K Maciag Sr** Date: **02-26-2004** Daytime Phone #: **321-504-3120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR