

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90250 011 ***150.00

DOCUMENT # P03000092474	
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1. Entity Name
STEMPEL ENTERPRISES, INC.

Principal Place of Business
**1470 RAIL HEAD BLVD
NAPLES, FL 34110**

Mailing Address
**P O DRAWER 60205
FT MYERS, FL 33906**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
26721 DUBLIN WOODS Circle
Suite, Apt. #, etc.
Suite # 1
City & State
BONITA SPRINGS, FLORIDA
Zip Country
34135 USA

04242006 Chg-P CR2E034 (11/05)

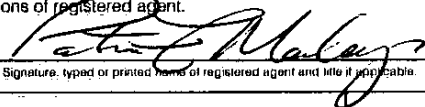
4. FEI Number
74-3103400

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

6. Name and Address of Current Registered Agent
**ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD STE 101
FT MYERS, FL 33907**

7. Name and Address of New Registered Agent
Name **PATRICK F. MANLEY**
Street Address (P.O. Box Number is Not Acceptable)
26721 DUBLIN WOODS Circle, Suite # 1
City **BONITA SPRINGS** FL Zip Code **34135**

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 **4/24/06**

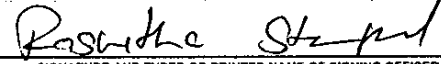
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE	PST	☒ Change ☐ Addition
NAME	STEMPEL, ROSWITHA		NAME	STEMPEL, ROSWITHA	
STREET ADDRESS	2195 MALIBU LAKE CIRCLE		STREET ADDRESS	1707 S.W. 29TH TERRACE	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 exemptions contained in Chapter 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:  DATE **04/26/06** 239.5989498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR