

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000109789

Entity Name: FREDRICK STOFFO, P.A.

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18735 WATER LILY LANE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

18735 WATER LILY LANE  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 20-3272014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOFFO, FREDRICK J  
18735 WATER LILY LANE  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: STOFFO, FREDRICK J  
Address: 18735 WATER LILY LANE  
City-St-Zip: HUDSON, FL 34667

Title: DST  
Name: STOFFO, LILLIAN M  
Address: 18735 WATER LILY LANE  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FREDRICK STOFFO

P

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date