

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000109789

**Entity Name:** FREDRICK STOFFO, P.A.

**Current Principal Place of Business:**

18735 WATER LILY LANE  
HUDSON, FL 34667

**Current Mailing Address:**

18735 WATER LILY LANE  
HUDSON, FL 34667

**FEI Number:** 20-3272014

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

|                 |                       |                 |                       |
|-----------------|-----------------------|-----------------|-----------------------|
| Title           | DP                    | Title           | DST                   |
| Name            | STOFFO, FREDRICK J    | Name            | STOFFO, LILLIAN M     |
| Address         | 18735 WATER LILY LANE | Address         | 18735 WATER LILY LANE |
| City-State-Zip: | HUDSON FL 34667       | City-State-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

**PRESIDENT**

**03/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date