

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000095331

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC1131411268**

**Entity Name:** STIMMING CONSULTING CORP.

**Current Principal Place of Business:**

3995 SW 139 AVE  
DAVI, FL 33330

**Current Mailing Address:**

3995 SW 139 AVE  
DAVI, FL 33330 US

**FEI Number:** 65-0874649

**Certificate of Status Desired:** No

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

STIMMING, HANS J  
3995 SW 139 AVE  
DAVI, FL 33330 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            P  
Name            STIMMING, HANS J  
Address        3995 SW 139 AVE  
City-State-Zip: DAVI FL 33330

Title            V  
Name            STIMMING, SABRINA  
Address        3995 SW 139 AVE  
City-State-Zip: DAVI FL 33330

*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:** HANS STIMMING

P

01/24/2017

Electronic Signature of Signing Officer/Director Detail

Date