

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 517901**

1. Entity Name

**STOLL & CLEMENS INSTALLATIONS, INC.**



Principal Place of Business

8955 A.D. MIMIS RD.  
ORLANDO, FL 32818-8604 US

Mailing Address

8955 A.D. MIMIS RD.  
ORLANDO, FL 32818-8604 US



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-1708862**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

STOLL, CHARLES F.  
8955 A. D. MIMS RD  
ORLANDO, FL 32818-8604

**DO NOT WRITE  
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent)

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U0000000933167  
03/22/04-80007-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOLL, CHARLES F
STREET ADDRESS	8955 A.D.MIMS RD.
CITY-ST- ZIP	ORLANDO, FL
TITLE	SD
NAME	STOLL, LINDA E
STREET ADDRESS	8955 A.D.MIMS RD.
CITY-ST- ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Charles F. Stoll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-16-04*

DATE

*407-293-2305*

Daytime Phone #