


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 545985**  
 1. Entity Name  
 THE ROBERT STEFANI CO. INC.



Principal Place of Business      Mailing Address  
 389 CENTURY DR                      389 CENTURY DR  
 MARCO ISLAND, FL 34145          MARCO ISLAND, FL 34145

**DO NOT WRITE IN THIS SPACE**



01112005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-1769600                      Not Applicable

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

6. Name and Address of Current Registered Agent

FETTERHOFF, JOHN W  
 389 CENTURY DR  
 MARCO ISLAND, FL 34145

**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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000212767  
 02/03/05-80042-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FETTERHOFF, JOHN W
STREET ADDRESS	920 E. INLET DR.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	T
NAME	O'NEILL, RORY M
STREET ADDRESS	389 CENTURY DR.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	D
NAME	RUSHTON, NANCY D
STREET ADDRESS	330 ELLENWOOD DR
CITY-ST-ZIP	CANTON, GA 30115
TITLE	VP
NAME	O'NEILL, STEFANI L
STREET ADDRESS	389 CENTURY DR
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	D
NAME	O'NEILL, RORY M
STREET ADDRESS	389 CENTURY DR
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Stefani O'Neill v.p.      1/31/05      239-394-2341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Stefani O'Neill*