


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # 545985</b> 1. Entity Name <b>THE ROBERT STEFANI CO. INC.</b>				FILE 85 OCT 13 12:20					
Principal Place of Business <del>389 CENTURY DR</del> <b>581 Spinnaker Dr</b> MARCO ISLAND FL 34145		Mailing Address <del>389 CENTURY DR</del> MARCO ISLAND FL 34145		<b>P.O. Box 1308</b> <b>Marco Island, FL</b> <b>34146</b>					
2. Principal Place of Business <b>581 Spinnaker Dr</b> Suite, Apt. #, etc. <b>Marco Island</b> City & State <b>FL</b>		3. Mailing Address Suite, Apt. #, etc. City & State		<b>REINSTATEMENT 2006</b> MODEL STATE 2004 (4/06)					
Zip <b>34145</b> Country <b>USA</b>		Zip Country		4. FEI Number <b>59-1769600</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>		Applied For	<input checked="" type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Applied For	<input checked="" type="checkbox"/>								
Not Applicable	<input type="checkbox"/>								
6. Name and Address of Current Registered Agent <b>FETTERHOFF, JOHN W</b> <del>389 CENTURY DR</del> <b>920 E. Inlet Dr.</b> MARCO ISLAND FL 34145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FETTERHOFF, JOHN W 920 E. INLET DR. MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500080832755</b> <b>10/13/06--01053--006 **709.75</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T O'NEILL, RORY M <del>389 CENTURY DR</del> <b>581 Spinnaker Dr.</b> MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSHTON, NANCY D 330 ELLENWOOD DR CANTON GA 30115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP O'NEILL, STEFANI L <del>389 CENTURY DR</del> <b>581 Spinnaker Dr.</b> MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'NEILL, RORY M <del>389 CENTURY DR</del> <b>581 Spinnaker Dr.</b> MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.									
<b>SIGNATURE:</b> <i>Stefani O'Neill V.P.</i> <b>10/5/06</b> <span style="float: right;">239-394-2341</span>									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									