


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # 545985</b> 1. Entity Name <b>THE ROBERT STEFANI CO. INC.</b>					
Principal Place of Business <del>389 CENTURY DR</del> <b>581 Spinnaker Dr</b> <b>MARCO ISLAND FL 34145</b>				Mailing Address <del>389 CENTURY DR</del> <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> 4. FEI Number <b>59-1769600</b> Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>34145</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FETTERHOFF, JOHN W</b> <del>389 CENTURY DR</del> <b>920 E. Inlet Dr.</b> <b>MARCO ISLAND FL 34145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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>			§ 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 May Be Added to Fees</b>			10. OFFICERS AND DIRECTORS		
TITLE <b>P</b> NAME <b>FETTERHOFF, JOHN W</b> STREET ADDRESS <b>920 E. INLET DR.</b> CITY - ST - ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500080832755</b> <b>10/13/06--01053--006 **709.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>O'NEILL, RORY M</b> STREET ADDRESS <del>389 CENTURY DR</del> <b>581 Spinnaker Dr.</b> CITY - ST - ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete		TITLE <b>T</b> NAME <b>O'NEILL, RORY M</b> STREET ADDRESS <b>581 Spinnaker Dr.</b> CITY - ST - ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>RUSHTON, NANCY D</b> STREET ADDRESS <b>330 ELLENWOOD DR</b> CITY - ST - ZIP <b>CANTON GA 30115</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>O'NEILL, STEFANI L</b> STREET ADDRESS <del>389 CENTURY DR</del> <b>581 Spinnaker Dr.</b> CITY - ST - ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>O'NEILL, STEFANI L</b> STREET ADDRESS <del>389 CENTURY DR</del> <b>581 Spinnaker Dr.</b> CITY - ST - ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>O'NEILL, RORY M</b> STREET ADDRESS <del>389 CENTURY DR</del> <b>581 Spinnaker Dr.</b> CITY - ST - ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u>Stefani O'Neill V.P.</u> <b>10/5/06</b> <b>239-394-2341</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					