

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90057 001 \*\*\*550.00



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

Principal Place of Business  
**581 SPINAKER DR.  
 MARCO ISLAND FL 34145**

Mailing Address  
**P.O. BOX 1308  
 MARCO ISLAND FL 34146**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
 Zip

City & State  
 Zip

4. FEI Number **59-1769600** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**FETTERHOFF, JOHN W  
 920 E. INLET DRIVE  
 MARCO ISLAND FL 34145**

**7. Name and Address of New Registered Agent**  
 Name **Stefani O'Neill**  
 Street Address (P.O. Box Number is Not Acceptable) **581 Spinnaker Dr.**  
**Marco Island, FL**  
 City **FL** Zip Code **34145**

8. The above named entity certifies 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 *[Signature]* Retired DATE **7/9/07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY ST ZIP	P FETTERHOFF, JOHN W 920 E. INLET DR. MARCO ISLAND FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T O'NEILL, RORY M 581 SPINAKER DR. MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D RUSHTON, NANCY D 330 ELLENWOOD DR CANTON GA 30115	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP O'NEILL, STEFANI L 581 SPINAKER DR. MARCO ISLAND FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D O'NEILL, RORY M 581 SPINAKER DR. MARCO ISLAND FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY ST ZIP	President Stefani O'Neill 581 Spinnaker Dr. Marco Island, FL 34145	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	Secretary Rory M. O'Neill 581 Spinnaker Dr. Marco Island, FL 34145	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: *Stefani O'Neill Pres.* 7/9/07 239 - 394-234