

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # F99000001563

1. Entity Name
STULLER SERVICE CENTERS, INC.



Principal Place of Business
**1 NE 1ST STREET, STE 222
MIAMI, FL 33132**

Mailing Address
**P. O. BOX 81889
LAFAYETTE, LA 70598**



01142005 No Chg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1342497

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**HOCHMAN, WILLIAM
1 N.E. 1ST STREET
SUITE 222
MIAMI, FL 33132**

**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

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CCEO
STULLER, MATTHEW
302 RUE LOUIS XIV
LAFAYETTE, LA 70508**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**COOD
LEIN, CHARLES D
302 RUE LOUIS XIV
LAFAYETTE, LA 70508**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
LEIN, CHARLES D
302 RUE LOUIS XIV
LAFAYETTE, LA 70508**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
STULLER, MATTHEW G
302 RUE LOUIS XIV
LAFAYETTE, LA 70508**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100000337603
04/28/05-80002-022 150.00

**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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. Lein

Date

4/25/05

(337) 262-7700