

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90096 026 \*\*\*150.00

**DOCUMENT # H92645**

1. Entity Name  
**STANDARD ENTERPRISES, INC.**



Principal Place of Business  
**P.O. BOX 152422  
CAPE CORAL, FL 33915 US**

Mailing Address  
**3931 RCA BLVD.  
#3101  
PALM BCH GARDENS, FL 33410 US**

400000



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

3. Mailing Address  
**729 Dean Way**  
Suite, Apt. #, etc.

City & State  
**Ft. Myers FL**

Zip  
**33919** Country  
**LEE**

01042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**STEDMAN, KAREN E.  
3931 RCA BLVD.  
#3101  
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent  
Name **Leo A. Berchtold**  
Street Address (P.O. Box Number is Not Acceptable)  
**729 Dean Way**  
City **Ft. Myers** FL Zip Code **33919**

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 **Leo A. Berchtold** DATE **4/6/07**  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERCHTOLD, PAUL PO BOX 152422 CAPE CORAL, FL 33915 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/Treas. Leo A. Berchtold <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEDMAN, KAREN E 3931 RCA BLVD. #3101 PALM BCH GARDENS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Julie C. Berchtold <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTHENA BERCHTOLD PO BOX 152422 CAPE CORAL, FL 33915 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Berchtold PO Box 152422 Cape Coral FL 33915 <input checked="" 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: **Leo A. Berchtold (D) Paul Berchtold** DATE **4/6/07** DAYTIME PHONE **239 481-2929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR