

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90033 033 ***150.00

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01142005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2627489

Applied For
Not Applicable

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

DOCUMENT # H95811

1. Entity Name
MICHAEL J. STOVER, INC.



Principal Place of Business
2175 CHAPARRAL WAY
DUNEDIN, FL 34698

Mailing Address
2175 CHAPARRAL WAY
DUNEDIN, FL 34698

2. Principal Place of Business

11327 Hollander Ave.
Suite, Apt. #, etc.

3. Mailing Address

11327 Hollander Ave.
Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

Zip

34667

Country

PASCO

Zip

34667

Country

PASCO

6. Name and Address of Current Registered Agent

STOVER, MICHAEL J.
2175 CHAPARRAL WAY
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name ~~STOVER, MICHAEL J.~~
Street Address (P.O. Box Number is Not Acceptable)
~~11327 Hollander Ave.~~
City ~~Hudson~~ FL Zip Code ~~34667~~

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 title 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 PTD
NAME STOVER, MICHAEL J.
STREET ADDRESS 2175 CHAPARRAL WAY
CITY-ST-ZIP DUNEDIN, FL ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME STOVER, MICHAEL J.
STREET ADDRESS 11327 HOLLANDER AVE.
CITY-ST-ZIP HUDSON, FL 34667

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael J. Stover MICHAEL J. STOVER 1/19/05 772-697-3642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #