

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # J20450

1. Entity Name
E & K STUMPING, INC.



Principal Place of Business
11530 NW NOBLES ROAD
BRISTOL, FL 32321

Mailing Address
P.O. BOX 345
BRISTOL, FL 32321 US



04022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2677984

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NOBLES, CHARLES E. & KATHY D. NOBLES
11530 NW NOBLES ROAD
BRISTOL, FL 32321

**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 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 ☐ **\$5.00 May Be Added to Fees**

1100000288451
04/05/05-80010-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOBLES, CHARLES E
STREET ADDRESS	P.O. BOX 345/NA
CITY-ST-ZIP	BRISTOL, FL
TITLE	STD
NAME	NOBLES, KATHY D
STREET ADDRESS	P.O. BOX 345/NA
CITY-ST-ZIP	BRISTOL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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:

Kathy D. Nobles

KATHY D. NOBLES

4/2/05

8506435390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #