

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J29280 1. Entity Name STOFFER AND ASSOCIATES, INC.	
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Principal Place of Business 13902 SMOKERISE CT ORLANDO, FL 3283 US	Mailing Address 13902 SMOKERISE CT ORLANDO, FL 32832 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2709695

Applied For
Not Applicable

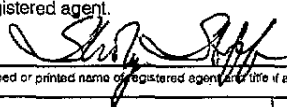
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Req.

6. Name and Address of Current Registered Agent

**STOFFER, SHIRLEY
13902 SMOKERSIE CT
ORLANDO, FL 32832**

**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:  **1/8/04**
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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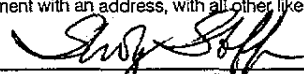
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOFFER, RANDALL D. 13902 SMOKERSIE CT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOFFER, SHIRLEY Y. 13902 SMOKERSIE CT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

000000011518
01/23/04-80040-021 150.00

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:  **SHIRLEY STOFFER** **1/8/04** **407-381-4555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #