

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90283 017 \*\*\*150.00

**DOCUMENT # J48433**

1. Entity Name  
**STEREX CORPORATION**



Principal Place of Business

4501 126TH AVENUE NORTH  
CLEARWATER, FL 33762

Mailing Address

POB 1733  
NORTH FALMOUTH, MA 02556

**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2761085**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, CHRISTOPHER M  
4501 126TH AVE., NORTH  
CLEARWATER, FL 34622-1702

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKFIELD, RICHARD A. 4501 126TH AVE N CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKFIELD, IRENE 4501 126TH AVE N CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD O'BRIEN, CHRISTOPHER M. 4501 126TH AVE N CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered

**SIGNATURE:**

*Christopher M. O'Brien*  
**CHRISTOPHER M. O'BRIEN**

*04/12/07*  
Date

*727-573-5045*  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR