
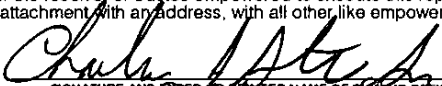


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90087 009 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # J86889</b><br>1. Entity Name<br><b>STEC ENTERPRISES, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>18000 PAULSON DRIVE<br/>A<br/>PORT CHARLOTTE FL 33954<br/>US</b>  |  |   | Mailing Address<br><b>3440 CONWAY BLVD.<br/>SUITE 1 A<br/>PORT CHARLOTTE FL 33952</b>   |   |  |
| 2. Principal Place of Business<br><b>483 Collingswood Blvd</b>  |  | 3. Mailing Address<br><b>Unit B</b>             |   |   |  |
| Suite, Apt. #, etc.<br><b>Pt. Charlotte, FL</b>   |  | Suite, Apt. #, etc.<br><b>Pt. Charlotte, FL</b> |   |   |  |
| City & State<br><b>Pt. Charlotte, FL</b>  |  | City & State<br><b>Pt. Charlotte, FL</b>        |   |   |  |
| Zip<br><b>33954</b>   |  | Country<br><b>USA</b>                           |   | Zip<br><b>33954</b>   |  |
| Country<br><b>USA</b>   |  | Country<br><b>USA</b>                           |   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>STEC, CHARES J<br/>4838 COLLINS WOOD BLVD<br/>PORT CHARLOTTE FL 33952</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Charles J. Stec Sr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>483-B Collingswood Blvd<br/>Pt. Charlotte FL 33954</b> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PT<br>STEC, CHARLES J<br>18000 PAULSON DR<br>PORT CHARLOTTE FL 33954 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b>    |  |   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |   |  |



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2842836** Applied For ☐ Not Applicable ☐

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