

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # K01599	
1. Entity Name STOCKMAN REALTY OF FLORIDA, INC.	
Principal Place of Business 32 HARGROVE GRADE PALM COAST, FL 32137	Mailing Address 32 HARGROVE GRADE PALM COAST, FL 32137



07222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2915284	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STOCKMAN, RICHARD
16 TIDEWATER DRIVE
ORMOND BEACH, FL 32174**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PTD STOCKMAN, ROBERT 32 HARGROVE GRADE PALM COAST, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD STOCKMAN, RICHARD 32 HARGROVE GRADE PALM COAST, FL
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**DO NOT WRITE
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)(b), 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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/04 386 445-6000
Date Daytime Phone #